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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
02/27/2022	\$ ALLOCATION NUMBER

Return completed workbook by email to:

### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		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	er 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								
		Lincolnville Communications, Inc.								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		PO Box 179 (Number, street, rural route, apartment, or suite number)								
	Nobleboro, ME 04555-0179 (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 is 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)								
	<u> </u>	(Orly, Orlin, State), 219 6000/								

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM I
Name	Lincolnville Communications, Inc.	353
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	
	known as the "first community." Please use it as the first community on all future filin	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Linconville	ME
Community	Alna	ME
	Appleton	ME
d Rows as Necessary	Bremen	ME
u nows as ivecessary	Bristol	ME
	Damariscotta	ME
	Boothbay Harbor	ME
	East Boothbay	ME
	Edgecomb	ME
	Hope	ME
	Jefferson	ME
	Newcastle	ME
	Nobleboro	ME
	Searsmont	ME
	South Bristol	ME
	Union	ME
	Walpole	ME
	Waldoboro	ME
	Rockland	ME
	Belfast	ME
	Camden	ME
	Northport	ME
	Bath	ME

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Lincolnville Communications, Inc.

35347

## Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

Garriolorit.											
BL	OCK 1		BLOCK 2								
	NO. OF			NO. OF							
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE						
Residential:											
<ul> <li>Service to first set</li> </ul>	35	44.95	Tier 1	239	95.95						
<ul> <li>Service to additional set(s)</li> </ul>			Tier 2	72	#####						
<ul> <li>FM radio (if separate rate)</li> </ul>											
Motel, hotel	310	16.00									
Commercial											
Converter											
<ul> <li>Residential</li> </ul>											
<ul> <li>Non-residential</li> </ul>											

# F

### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1**: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** 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.

	BLOCK 2					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
<ul> <li>Pay cable</li> </ul>		Motel, hotel		Additional Outlet	5.00	
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Add'l outlet - DVR	9.00	
<ul> <li>Fire protection</li> </ul>		• Pay cable		DVR Service	7.00	
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		НВО	20.00	
Installation: Residential		Fire protection		Cinemax	10.00	
• First set	55.00	Burglar protection		SHO/TMZ	13.50	
<ul> <li>Additional set(s)</li> </ul>	30.00	Other services:		Encore/Starz	12.50	
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect				
<ul> <li>Converter</li> </ul>		Disconnect				
		Outlet relocation				
		Move to new address				

Accounting Period: 2021/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

35347

Lincolnville Communications, Inc.

PRIMARY TRANSMITTERS: TELEVISION

G

### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the pager SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

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
WMTW	6	N	Portland, ME
WVII	7	N	Bangor, ME
WHEB	12	E	Orono, ME
WCSH	12	N	Portland, ME
WGME	13	N	Portland, ME
WFVX	22	N	Bangor, ME
WPME	35	N	Lewiston, ME
WPXT	51	N	Portland, ME

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Lincolnville Communications, Inc.

35347

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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od: 2021/2						F	ORM SA1-2E. PAGE 5.					
							SYSTEM ID# 35347					
In General: In space I, identif substitute basis during the acexplanation of the programmi  1. SPECIAL STATEMENT  • During the accounting periphroadcast by a distant state	ry every nonecounting peng that must CONCER od, did your ion?	nnetwork televis riod, under spe t be included in NING SUBST cable system	ion program, broadcast to cific present and former for this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute ba	by a distant sta FCC rules, regulate general ins	ulations, or a tructions in t etwork telev	euthorization he paper Strision prog	ram.  X NO					
log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program												
S				CARI	RIAGE OC	CURRED	7. REASON FOR DELETION					
	Yes or No	CALL SIGN	4. STATION'S LOCATIO	AND DAY	FROM							
	LEGAL NAME OF OWNER OF CLINCOINVILLE COMMUNIC  SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peribroadcast by a distant stat  Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, reconstruction of the care of Mexican or Canace Column 3: Give the call second the case of Mexican or Canace Column 5: Give the broadthe case of Mexican or Canace Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."  Column 7: Enter the letter to delete under FCC rules and was substituted for program effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYST Lincolnville Communications, Ir  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every non substitute basis during the accounting pe explanation of the programming that mus  1. SPECIAL STATEMENT CONCER • During the accounting period, did your broadcast by a distant station?  Note: If your answer is "No", leave the I log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograt clear. If you need more space, please a Column 1: Give the title of every nor period, was broadcast by a distant stati under certain FCC rules, regulations, or Do not use general categories like "mov "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the so Column 4: Give the broadcast statio the case of Mexican or Canadian station Column 5: Give the month and day of first. Example: for May 7 give "5/7."  Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the I to delete under FCC rules and regulation was substituted for programming that you effect on October 19, 1976.  SUBSTITUT  1. TITLE OF PROGRAM  2. LIVE?	Lincolnville Communications, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMEN In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in  1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this pag log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separat clear. If you need more space, please add additional r Column 1: Give the title of every nonnetwork televi: period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorizations Do not use general categories like "movies" or "basket "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcas Column 4: Give the broadcast station's location (th the case of Mexican or Canadian stations, if any, the c Column 5: Give the month and day when your syst first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute prog to the nearest five minutes. Example: a program carrie stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	Ligal Name of Owner of Cable System:  Lincolnville Communications, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM Letter in General: In space I, identify every nonnetwork television program, broadcast is substitute basis during the accounting period, under specific present and former fexplanation of the programming that must be included in this log, see page (v) of the substitute basis and included in this log, see page (v) of the substitute basis of the substitute program of the programming that must be included in this log, see page (v) of the substitute program of the system carry, on a substitute basis broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0" stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete undeffect on October 19, 1976.  SUB	Lincolnville Communications, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant standstitute basis during the accounting period, under specific present and former FCC rules, regiexplanation of the programming that must be included in this log, see page (v) of the general ins  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonn broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you note in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever periode in the station of the period, was broadcast by a distant station and that your cable system substitute program") the period, was broadcast by a distant station and that your cable system substituted for the program on the sepace in the period, was broadcast live, enter "Yes." Otherwise enter "No."  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the program of the program in the station is lice.  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the broadcast station's location (the community to which the station is lice.  Column 5: Give the month and day when your system carried the substitute program. Use first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules effect on October	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lincolnville Communications, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in the substitute basis and the programming that must be included in this log, see page (v) of the general instructions in the substitute program of the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Lending 1: Golumn 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 2: Give the call sign of the station broadcasting the substitute program. Use numerals first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the tit to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the was substituted for programming that your system to	Lincolnville Communications, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sy substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorization explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper S 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  **During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television prog broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prog log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaninclear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informa Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the r first. Example: for May 7 give "577."  Column 5: Give the month and day when your system carried by system from 6.01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 6: State the times when the substitute program was carried by your cable system. List the times accur to the nearest five minutes. Example: a program carried by a syste					

Accounting Period:	2021/2	FORM	SA1-2E. PAGE 6.
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
Name	Lincolnville Communications, Inc.		35347
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this apage (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.	ission service amount, see	
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.	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		
	Line 1. Royalty fee for accounting period	· .	
	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	•	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	100)	
	1. Base amount under statutory formula	-	
	2. Enter amount of gross receipts from space K	-	
	3. Subtract line 2 from line 1	-	
	4. Enter the amount of gross receipts from space K	254,747.45	
	5. Enter the amount from line 3	9,052.55	
	6. Subtract line 5 from line 4	245,694.90	
	7. Multiply line 6 by .005 (enter figure here)	\$	1,228.47
	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	\$	1,228.47
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	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	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,228.47	
2.0	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	1,248.47
	EFT Trace # or TRANSACTION ID # 08549911	]	
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for r		

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INDIVIDUAL TO BE CONTACTED IF FURT we can contact about this statement of account (Number, street, rural route, apara Nobleboro, ME 0455 (City, town, state, zip)  Email  CERTIFICATION (This statement of account in the undersigned, hereby certify that (Check of the undersigned) (Owner other than corporation or properties of the properties of the best of might be statement of account and are true, complete, and correct to the best of might be undersigned the statement of account and are true, complete, and correct to the best of might be undersigned. Typed or printer than corporation to the best of might be undersigned the statement of account and are true, complete, and correct to the best of might be undersigned. Typed or printer than corporation to the best of might be undersigned to the best of might be undersigned the statement of account and are true, complete, and correct to the best of might be undersigned. 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INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION we can contact about this statement of account.)  Name  Shirley Manning  Lincolnville Communications, Inc. (Number, street, rural route, apartment, or suite number) Nobleboro, ME 04555-0179 (City, town, state, zip)  Email  CERTIFICATION (This statement of account must be certified and  1, the undersigned, hereby certify that (Check one, but only one, of the inline 1 of space B and that the owner is not a corporation line 1 of space B and that the owner is not a corporation in line 1 of space B.  1 have examined the statement of account and hereby declare undeare true, complete, and correct to the best of my knowledge, information [18 U.S.C., Section 1001(1986)]  Typed or printed name:  Cathy  Title:  Vice Presider  (Title of official position held in control of control of the con | Lincolnville Communications, Inc.  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PO E (Number, street, rural route, apartment, or suite number)  Nobleboro, ME 04555-0179  (City, town, state, 2p)  Email  CERTIFICATION (This statement of account must be certified and signe in line 1 of space B and that the owner is not a corporation or partnership) I am in line 1 of space B.  (Officer or partner) I am an officer (if a corporation) or a partner in line 1 of space B.  I have examined the statement of account and hereby declare under pena are true, complete, and correct to the best of my knowledge, information, at [18 U.S.C., Section 1001(1986)]  X /s/ Cathy  Typed or printed name:  Cathy Pelli  Title:  Vice President  (Title of official position held in corporation or corporation held in corporation held in corporation in the component of the position held in corporation held in | Lincolnville Communications, Inc.  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I have examined the statement of account and hereby declare under penalty of are true, complete, and correct to the best of my knowledge, information, and be [18 U.S.C., Section 1001(1986)]  X /s/ Cathy Pelenter Signature using an "/s/ si Typed or printed name:  Cathy Pelletie  Title:  Vice President  (Title of official position held in corporation or partnership) I in the corporation or partnership I in corporation or partnership in the corporation or partnership i | Lincolnville Communications, Inc.  CHANNELS Instructions: You must give (1) the number of channels on which the cable system is subscribers, and (2) the cable system's total number of activated channels  1. Enter the total number of channels on which the cable system carried television broadcast stations  2. 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(Owner other than corporation or partnership) I am the owner of the call of space B and that the owner is not a corporation or partnership in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law are true, complete, and correct to the best of my knowledge, information, and belief, [18 U.S.C., Section 1001(1986)]  X   Sr Cathy Pelletier  Title: Vice President  (Title of official position held in corporation or partnership in the din corporation or partnership in the corporation or partnership in the did in corporat | LICAL NAME OF OWNER OF CABLE SYSTEM: Lincolnville Communications, Inc.  CHANNELS Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels dur  1. Enter the total number of channels on which the cable system carried television broadcast stations  2. 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(Owner other than corporation or partnership) I am the owner of the cable system  (Agent of owner other than corporation or partnership) I am the duly authorized a in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law that all state are true, complete, and correct to the best of my knowledge, information, and belief, and are main that a state of the complete of the cable system carried to the partnership. The cather of partnership of the cather of space B.  Typed or printed name:  Cathy Pelletier  Title:  Vice President | Lincolnville Communications, Inc.  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PO Box 179 (Number, street, rural route, spatrant, or suite number)  Nobleboro, ME 04555-0179 (City, town, stats, zip)  Email  Fig.  CERTIFICATION (This statement of account must be certified and signed in accordance with Copy in line 1 of space B and that the owner is not a corporation or partnership) I am the duly authorized agent or in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the leg in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law that all statement are true, complete, and correct to the best of my knowledge, information, and belief, and are made in g [18 U.S.C., Section 1001(1986)]  X /s/ Cathy Pelletier  Enter an electronic signature on the line above to certificate an electronic signature on the line above to certificate an electronic signature on the line above to certificate an electronic signature on the line above to certificate an electronic signature on the line above to certificate an electronic signature on the line above to certificate and corporation or partnership). | LEGAL NAME OF OWNER OF CABLE SYSTEM: LincoInville Communications, Inc.  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(Owner other than corporation or partnership) I am 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  X (Officer or partner) I am an officer (if a corporation) or a partner ship; of the legal in line 1 of space B and that the owner is not a corporation, and belief, and are made in goo (18 U.S.C., Section 1001(1996))  X /s/ Cathy Pelletier  Enter an electronic signature on the line above to certify Enter signature using an "/s/ signature" (e.g., /s/ John Sn Typed or printed name:  Cathy Pelletier  Title: Vice President  (Title of official position held in corporation or partnership) | LEGAL NAME OF OWNER OF CABLE SYSTEM: LincoInville Communications, Inc.  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the accounting  1. 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[Title of official position held in corporation or partmership) | LEGAL NAME OF OWNER OF CABLE SYSTEM: Lincolnville Communications, Inc.  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast 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 and nonbroadcast services  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  Shirley Manning  Te  Address  Lincolnville Communications, Inc. PO Box 179 (Number, steet, rural radia, spattrest, of suits number)  Nobleboro, ME 04555-0179  (City, town, state, zip)  Email  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office reg  1. the undersigned, hereby certify that (Check one, but only one, of the boxes,)  (Owner other than corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership; or a partnership; of the cable system as identified in line 1 of space B.  1. have examined the statement of account and hereby declare under penalty of law that all statements of fact contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Typed or printed name:  Cathy Pelletier  Enter an electronic signature on the line above to certify this statement Enter signature using an */y/ signature* (e.g., /s/ John Smith)  Typed or printed name:  Cathy Pelletier  Enter of efficial position held in corporation or partnership) | LEGAL NAME OF OWNER OF CABLE SYSTEM: Lincolnville Communications, Inc.  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat 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 and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  Shirley Manning  Lincolnville Communications, Inc. PO Box 179  (Notice street, runs (outs, apartment or submunications, Inc. PO Box 179  (Ciby, town, state, zip)  Email  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulated in line of open content than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B.  (Owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) am an officer (if a corporation or partnership) of the legal entity identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified a in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified a in line 1 of space B.  X | LEGAL NAME OF OWNER OF CABLE SYSTEM: Lincolnville Communications, Inc.  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PO Box 179  (Number, sized, run froit, spatients)  Nobleboro, ME 04555-0179  (City, town, state, zp)  Email  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am officer
(if a corporation) or a partnership; or  (Officer or partner) I am officer (if a corporation) or a partnership; or the legal entity identified as ow in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am officer (if a corporation) or a partnership; or the legal entity identified as ow in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am officer (if a corporation) or a partner (if a partne | LEGAL NAME OF OWNER OF CABLE SYSTEM: Lincolnville Communications, Inc.  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(Agent of owner other than corporation or partnership) I am 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 in line 1 of space B and that the owner is not a corporation or partnership; or in line 1 of space B.  (Affect of owner other than corporation or partnership) I am the dury authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or in line 1 of space B.  (Affect of owner other than corporation or partnership) I am the dury authorized agent of the owner of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Typed or printed name:  Cathy Pelletier  Title:  Vice President  Vice President  Vice President | LEGAL NAME OF OWNER OF CABLE SYSTEM: Lincolnville Communications, Inc.  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 and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)  Name  Shirley Manning  Telephone 207:  Name  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  In the undersigned, hereby certify that (Check one, <i>but only</i> one, 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 in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the line 1 of space B.  1 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.  Typed or printed name:  Cathy Pelletier  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:  Cathy Pelletier | LEGAL NAME OF CWNER OF CABLE SYSTEM: Lincolnville Communications, Inc.  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. Einer the total number of channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)  Name  Shirley Manning  Telephone 207.56:  Nobleboro, ME 04555-0179  (Otty, lows, state, publications, inc. PO Box 179  (Not, lows, state, publications, inc. po Box 179  (Not, lows, state, publications, publications, inc. PO Box 179  (Otty, lows, state, publications)  - I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (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; of the logael entity identified as owner of the c in line 1 of space B and that the owner is not a corporation or partnership; of the logael entity identified as owner of the c in line 1 of space B and that the owner is not a corporation or partnership; of the logael entity identified as owner of the c 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.  Typed or printed name:  Cathy Pelletier  Files of efficial position live in corporation or partnership) | LEGAL NAME OF COWNER OF CABLE SYSTEM. Lincolnville Communications, Inc.  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 systems total number of activated channels during the accounting period.  1. Enter the betal number of channels on which the cable system carried television broadcast stations.  2. Enter the betal number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)  Name  Shirtey Manning  Telephone  Address  Lincolnville Communications, Inc. PO Box 179 (Courter, steel, rurs trode, spartners, or sub name)  Nobleboro, Mee 4455-6-179  (City, team sizes any)  Email  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  1. It he undersigned, hereby certify that (Check one, but only one, 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 duty authorized agent of the owner of the cable in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duty authorized agent of the owner of the cable in line 1 of space B;  X (Officer or partnership and officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of two 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.  [In late of space B.  1 have examined the statement of account and hereby declare under penalty of two that all statements of fact contained | LEGAL NAME OF CWNER OF CABLE SYSTEM: Lincolnville Communications, Inc.  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 systems 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 survived television broadcast stations on which the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  Shirley, Manning  Telephone 207.563.991  Address  Lincolnville Communications, Inc. PO Box 179 (Publisher steet, use route, septement, or substrained)  Mobieboro, ME 04555-0179 (City, born, edite, 59)  Email  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Appent of owner other than corporation or partnership) I am the duty subscrized agent of the owner of the cable system as identified in line 1 of space B, or  (Appent of owner other than corporation or partnership) I am the duty subscrized agent of the owner of the cable system as identified
in line 1 of space B, or  (Appent of owner other than corporation or partnership) I am the duty subscrized agent of the owner of the cable system as identified in line 1 of space B, or  (Appent of owner other than corporation or partnership) I am the duty subscrized agent of the owner of the cable system as identified in line 1 of space B, or  (Appent of owner other than corporation or partnership) I am the duty subscrized agent of the owner of the cable system as identified in line 1 of space B, or  (Appent of owner other than corporation or partnership) I am the duty authoriz | LEGAL NAME OF OWNER OF CABLE SYSTEM: Lincolnville Communications, Inc.  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 is total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable systems carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nontrondicast services.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nontrondicast services.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nontrondicast services.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nontrondicast services.  2. Enter the total number of activated channels on which the cable system and the statement of account.  NONIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identity an individual to whom we can contact about this statement of account.)  Name  Shirley Manning  Telephone 207. 563-9911  Address  Lincolnville Communications, Inc. PO Box 179  (Chylere, state, e.g.)  (Chylere, state, e. | EGAI NAME OF OWNER OF CABLE SYSTEM Lincolnville Communications, Inc.  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 state 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.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  2. Enter the total number of activated development of account.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Shirley Manning  Telephone  Address  Lincolnville Communications, Inc. PO Box 179  Nobleboro, ME 04555-0179  (City, Issue, teles, 2s)  Lincolnville Communications, Inc. PO Box 179  Nobleboro, ME 04555-0179  (City, Issue, teles, 2s)  Lincolnville Communications, Inc. PO Box 179  Nobleboro, ME 04555-0179  (City, Issue, teles, 2s)  Lincolnville Communications, Inc. PO Box 179  Nobleboro, ME 04555-0179  (City, Issue, teles, 2s)  Lincolnville Communications, Inc. PO Box 179  Nobleboro, ME 04555-0179  (City, Issue, teles, 2s)  Lincolnville Communications, Inc. PO Box 179  Nobleboro, ME 04555-0179  (City, Issue, teles, 2s)  Lincolnville Communications, Inc. PO Box 179  Nobleboro, ME 04555-0179  (City, Issue, teles, 2s)  Lincolnville Communications, Inc. PO Box 179  Nobleboro, ME 04555-0179  (City, Issue, teles, 2s)  Lincolnville Communications, Inc. PO Box 179  Nobleboro, ME 04555-0179  (City, Issue, teles, 2s)  Lincolnville Communications, Inc. PO Box 179  Nobleboro, ME 04555-0179  (City, Issue, teles, 2s)  Lincolnville Communications, Inc. PO Box 179  Nobleboro, ME 0455 | ECAL NAME OF OWNER OF CABLE SYSTEM: Lincolnville Communications, inc.  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 and nontroadcast services.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nontroadcast services.  2. 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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 in line 1 of space B, or  (Office or opartner) I am an officer (if a corporation or partnership) of the legal entity identified as conner of the cable system in line 1 of space B, or opartnership of the legal entity | CANNELS | LECAL NAME OF OWNER OF CABLE SYSTEM: Lincolnville Communications, inc.  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. 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It be undersigned, hereby certify that (Check one, but only one, of the boxes )  (Owner other than corporation or partnership) I am the duty authorized agent of the castle system as identified in the 1 of space B; or  Agent of owner other than corporation or partnership I am the duty authorized agent of the castle system as identified as owner of the cable system in im 1 of space B.  1 (Officer or partner) am an efflort (if a corporation) or a partnership) of the legal entity identified as owner of the cable system in lim 1 of space B.  1 (Officer or partner) am an efflort (if a corporation) or a partnership) of the legal entity identified as owner of the cable system in lim 1 of space B.  1 (Officer or partner) am an efflort (if a corporation) or a partnership of the limit show to certify this statement. Enter signature on the line above to certify this statement. Enter signature using an 1/s signature on the line above to cert | LECAL NAME OF OWNER OF CARLE SYSTEM: Lincolnvilla Communications, Inc.  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 bolan 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 and recordinates the system carried television troadcast stations and recordinates are vices.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and recordinates are vices.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and recordinates are vices.  2. Enter the total number of account of account.  NOIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identity an includual to whom we can contact about this statement of account.)  Noivibrous states are vices.  2. Enter the total number of account must be certified and signed in accordance with Copyright Office regulations)  2. Lincolnville Communications, Inc. PO Box 179  (Carrier, town, state, re)  Email  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  3. Lincolnville Communications are not accordance with cable system as identified in line 1 of space 8; or  3. (Owner other than corporation or partnership) I am the cable system as identified in line 1 of space 8; or  3. (Officer or partner) am an officer (if a corporation) or a partner of the cable system as identified in line 1 of space 8; or  3. (Officer or partner) am an officer (if a corporation) or a partner of account and
hereby declare under penalty of law that all attements of fact contained herein are future, complete, and correct to the best of my knowledge, information, and belief | EFAX NAME OF OWNER OF CASIF SYSTEM: | EEAL NAME OF CANAES OF CABLE SYSTEM:  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 systems total number of activated channels during the accounting period.  1. Enter the total number of activated 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.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services  MINITURAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  Shirley Manning  Telephone 207 563-9911  Address  Lincolnville Communications, Inc. PO Box 179  (Further destricted in systems of account must be certified and signed in accordance with Copyright Office regulations)  - I, the undersigned, headly certify that (Check one, but only one, 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 owner or partnership of the logic circly identified as owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership I am the owner is not a corporation or partnership I am the owner is not a corporation or partnership I am the owner is not a corporation or partnership I am the owner is not a corporation or partnership I am the owner is not a corporation or partnership I am the owner is not a corporation or partnership I am the owner is not a corporation or partnership I am the owner is not a corporation or partnership I am the owner is not a corporation or partnership I am the owner is not a corporation or partnership I am the owner is not a corporation or partnership I am the owner is not a corporation or partnershi |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in 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

Accounting Period: 2021/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
incolnville Communications, Inc.	35347
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."	Special Statement Concerning Gross
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.	Receipts Exclusion
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 NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address  Name 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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-                                     </u>
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 \$	-
(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.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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