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				
8-18-22	\$				
	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	ACCOUNTING 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	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	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						

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

Unconville Communications, Inc.  D  Aria Aria Aria Aria Aria Aria Aria Ari		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM I
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas). "47 CF.R. 76.5(db). The first community that you list will serve as a form of system identification hereafter known as the "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 identicity.  CITY OR TOWN STATE  Linconville ME  Alna ME  Appleton ME  Beremen ME  Bristol ME  Damariscotta ME  Boothbay Harbor ME  East Boothbay ME  Edgecomb ME  Edgecomb ME  Hope ME  Jefferson ME  Newcastle ME  Newcastle ME  South Bristol ME  South Bristol ME  South Bristol ME  Waldoboro ME  Waldoboro ME  Waldoboro ME  Waldoboro ME  Waldoboro ME  Rockland ME  Rockland ME  Rockland ME  Rockland ME  Camden ME  Northport ME	Name	Lincolnville Communications, Inc.	353
CITY OR TOWN   STATE	D	separate and distinct community or municipal entity (including unincorporated communitunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings.	ties within unincorporated areas and including single, discreas a form of system identification hereafter known as the "fi
CITY OR TOWN   STATE	Δτορ		e parks should be reported in parentheses below the identif
First Community         Linconville         ME           Community         Alna         ME           Appleton         ME           Bremen         ME           Bristol         ME           Damariscotta         ME           Boothbay Harbor         ME           East Boothbay         ME           Hope         ME           Hope         ME           Newcastle         ME           Nobleboro         ME           Searsmont         ME           South Bristol         ME           Union         ME           Walpole         ME           Waldoboro         ME           Belfast         ME           Belfast         ME           Northport         ME	Served	uty.	
Community         Alna         ME           Rows as Necessary         Bremen         ME           Bristol         ME           Damariscotta         ME           Boothbay Harbor         ME           East Boothbay         ME           Edgecomb         ME           Hope         ME           Jefferson         ME           Nobleboro         ME           Searsmont         ME           South Bristol         ME           Union         ME           Walpole         ME           Waldoboro         ME           Rockland         ME           Belfast         ME           Camden         ME			
Appleton         ME           Bremen         ME           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           Walpole         ME           Waldoboro         ME           Rockland         ME           Belfast         ME           Camden         ME           Northport         ME			
Bremen   ME	Community		
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			
DamariscottaMEBoothbay HarborMEEast BoothbayMEEdgecombMEHopeMEJeffersonMENewcastleMENobleboroMESearsmontMESouth BristolMEUnionMEWalpoleMEWaldoboroMERocklandMEBelfastMECamdenMENorthportME	Rows as Necessary		
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			
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			
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			
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			
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			
Newcastle         ME           Nobleboro         ME           Searsmont         ME           South Bristol         ME           Union         ME           Walpole         ME           Waldoboro         ME           Rockland         ME           Belfast         ME           Camden         ME           Northport         ME		Норе	ME
Nobleboro         ME           Searsmont         ME           South Bristol         ME           Union         ME           Walpole         ME           Waldoboro         ME           Rockland         ME           Belfast         ME           Camden         ME           Northport         ME		Jefferson	
Searsmont         ME           South Bristol         ME           Union         ME           Walpole         ME           Waldoboro         ME           Rockland         ME           Belfast         ME           Camden         ME           Northport         ME		Newcastle	
South Bristol         ME           Union         ME           Walpole         ME           Waldoboro         ME           Rockland         ME           Belfast         ME           Camden         ME           Northport         ME		Nobleboro	ME
Union         ME           Walpole         ME           Waldoboro         ME           Rockland         ME           Belfast         ME           Camden         ME           Northport         ME		Searsmont	ME
Walpole         ME           Waldoboro         ME           Rockland         ME           Belfast         ME           Camden         ME           Northport         ME			
Waldoboro         ME           Rockland         ME           Belfast         ME           Camden         ME           Northport         ME		Union	ME
Rockland         ME           Belfast         ME           Camden         ME           Northport         ME		Walpole	ME
Belfast         ME           Camden         ME           Northport         ME		Waldoboro	ME
Camden ME Northport ME		Rockland	ME
Northport ME		Belfast	ME
		Camden	ME
Bath ME		Northport	ME
		Bath	ME

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Lincolnville Communications, Inc.

SYSTEM ID#

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.

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	47.95	Tier 1	85	#####
<ul> <li>Service to additional set(s)</li> </ul>			Tier 2	11	#####
• FM radio (if separate rate)					
Motel, hotel	360	22.00			
Commercial					
Converter					
Residential					
Non-residential					
				T	····

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

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Lincolnville Communications, Inc.

SYSTEM ID#
25347

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 paper 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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **WLBZ** 2 Bangor, ME WABI 5 Bangor, ME Ν **WMTW** 6 Ν Portland, ME WVII 7 Ν Bangor, ME **WHEB** 12 Ε Orono, ME **WCSH** 12 Ν Portland, ME **WGME** 13 Ν Portland, ME **WFVX** 22 Ν Bangor, ME **WPME** 35 Ν Lewiston, ME **WPXT** 51 Ν Portland, ME

Add Rows as Necessary

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
			ļl			 	
			<del> </del>			<b></b> -	
		 <del> </del>	<u> </u>			 	
		<u></u>					
						L	
						T	
			<del> </del>				
			·				
						[	
			<del></del>				
			·				
		 	ļl			 	
		ļ				ļ	
		ļ				ļ	
						<del> </del>	
	ļ	<u> </u>	<del></del>		ļ	<u> </u>	<u> </u>

U.S. Copyright Office

Accounting Perio							FORM	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF C							35347
ı	SUBSTITUTE CARRIAGE					414		i-d
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting perio	d, under spec	cific present and former F0	CC rules, regu	ations, or au	thorizations. F	or a further
Carriage:	rriage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special Statement and	<ul> <li>During the accounting peri</li> </ul>	od, did your ca	able system	carry, on a substitute ba	sis, any nonne	etwork telev <u>i</u>	ision program	<u>.                                    </u>
Program Log	broadcast by a distant stat	ion?					YES	X NO
	<b>Note:</b> If your answer is "No"	leave the res	st of this page	e blank If your answer is	s "Yes " vou m	ust complet		n
	,	, 10010 110 100	or and pag	bianic ii your anowor ic	, 100, you iii	uot compiot	o the program	
	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 Cana	adian stations	, if any, thè c	ommunity with which the	station is ide	ntified).		
	Column 5: Give the mon	•	en your syste	em carried the substitute	program. Us	e numerals,	with the mon	th
	first. Example: for May 7 giv  Column 6: State the time		ubstitute prod	ıram was carried by your	r cable system	n. List the tin	nes accuratel	v
	to the nearest five minutes.				•			,
	stated as "6:00–6:30 p.m."	r "D" if the list	od program	was substituted for progr	ramming that	vour evetom	was require	4
	Column 7: Enter the lette to delete under FCC rules a				-		•	
	was substituted for program	•		0.				
	effect on October 19, 1976.							
	WHEN SUBSTITUTE					ITUTE		
	S	UBSTITUTE	PROGRAM			RIAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM		. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES  — TO	DELETION
						<b>_</b>		
							_	
							_	
						<b>†</b>		
						+		
						+		
						<b>_</b>		
						<b></b>		
							_	
							_	
						<b>†</b>		
						+		
						<del></del>		
						<b></b>		
						<b></b>		
						<u></u>		
							_	
						<b>†</b>		
						+		

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lincolnville Communications, Inc.	S'	YSTEM ID# 35347
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 a 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.	ission service mount, see	5,889.38
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$200.  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.  See page (vi) of the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	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  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	00)	
	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	25,889.38	
	5. Enter the amount from line 3	37,910.62	
		87,978.76	
	7. Multiply line 6 by .005 (enter figure here)	\$	939.89
	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		939.89
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filian For and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	939.89	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	<u>_</u>
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	959.89
	EFT Trace # or TRANSACTION ID # 09267151		
	<u>Important:</u> 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 m		

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Ommunications, Inc.		SYSTEM ID# 35347
M Channels	to its subscriber	rs, and (2) the cable system's		26
	Enter the total     on which the	al number of activated channo cable system carried televisi		231
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of acco	HER INFORMATION IS NEEDED (Identify an individual to whom unt.)	
for Further Information	Name Address		nications, Inc. PO Box 179	207 563-9911
		(Number, street, rural route, apar Nobleboro, ME 0455 (City, town, state, zip)		
	Email		Fax (optional	
0	CERTIFICATION	(This statement of account m	ust be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, but only one, of the boxes.)	
	(Owne	r other than corporation or p	partnership) I am the owner of the cable system as identified in line 1 of space B;	or
	(Agent		ation or partnership) I am the duly authorized agent of the owner of the cable system owner is not a corporation or partnership; or	stem as identified
	X (Offic	er or partner) I am an officer in line 1 of space B.	if a corporation) or a partner (if a partnership) of the legal entity identified as owne	er of the cable system
		te, and correct to the best of n	hereby declare under penalty of law that all statements of fact contained herein y knowledge, information, and belief, and are made in good faith.	
			X /s/ 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	
		Title:	Vice President tle of official position held in corporation or partnership)	
		Date:	8/17/22	

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.

counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ncolnville 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."  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?	P Special Statement Concerning Gross Receipts Exclusion
X NO  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	_
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	_
* 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	

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.

CONTROL #: REMITTANCE #:

Primary Transmitters: Radio

 $\square$  Accepted

C	Cable Worksheet	Total amount of remittance	Number of SAs rec'd		Initials	
		Date of remittance	 □Check	□EFT	□FILING	FEES
Cable ID #					Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation	n number		
Space A Accounting		(enter four digit year and	d /1 (for Jan-Jun po	eriod) or /2 (for Jul-D	ec period) No space	es)
Period	☐ Letter sent	ı	☐Information rece	eived		
	□Accepted		☐Phone call/Date/	'Contact		
Space B Owner						
	☐Letter sent	1	☐ Information rece	eived		
	□Accepted	I	☐ Phone call/Date/	Contact		
Space D Area Served						
	☐ Letter sent		☐Information rece	eived		
	□Accepted	1	☐Phone call/Date/	Contact		
Space E Secondary Transission						
Service Subscribers:	☐ Letter sent		☐ Information rece	eived		
and Rates	□Accepted	-	☐Phone call/Date/	'Contact		
Space G Primary Transmitters:						
Television	☐Letter sent		☐Information rec	eived		
	□Accepted		☐ Phone call/Date	/Contact		
Space H						

☐ Phone call/Date/Contact

		Carriage
☐Letter sent	☐ Information received	Carriage
Accepted	□Phone call/Date/Contact	
		Space J Part-time Carriage Log
☐Letter sent	☐Information received	(SA3 only)
□Accepted	☐Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	☐Information received	
☐Letter sent	☐Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐Royalty Fee should be	☐Refund request to fiscal	
Letter sent	☐Information received	
□Accepted	☐Phoe call/Date/Contact	
		Space M Channels
☐Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space O Certification
☐Letter sent	☐ Information received	
□Accepted	☐Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space Q Interest Assessment
☐Letter sent	☐Info/add'l fee received	
□Accepted	☐Phone call/Date/Contact	