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

STATEM	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
	ry Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)			<u>coplicsoa@copyright.gov</u>
			\$	For additional information, contact the U.S. Copyright
General instru	ctions are located	8/9/2022		Office Licensing Division at
in the first tab	of this workbook.	01912022	ALLOCATION NUMBER	(202) 707-8150.
Α	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YY	YY/(Period))	
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Accounting Period				
	Instructions:			
В	Give the full legal name of the owne subsidiary, not that of the parent co		ary of another corporation, give the full corporat	e title of the
Owner	List any other name or names under	which the owner conducts the business of the	e cable system.	
		g the accounting period, only the owner on the eye accounting period payment covering the entire accounting peri	e last day of the accounting period should submi od.	t a single
	Check here if this is the system's first	t filing. If not, enter the system's ID number as	signed by the Licensing Division.	489
	LEGAL NAME OF OWNER/MA	ILING ADDRESS OF CABLE SYSTEM		
	Moosehead Enterprises Inc			
	BUSINESS NAME(S) OF OWNE	R OF CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER	R OF CABLE SYSTEM		
	PO Box 526			
	(Number, street, rural route, apartment, or	suite number)		
	Greenville MF 04441			
	Greenville ME 04441 (City, town, state, zip)			
С	(City, town, state, zip) INSTRUCTIONS: In line 1, give any l		tify the business and operation of the sy system, if different from the address gi	
C System	INSTRUCTIONS: In line 1, give any linames already appear in space B. In	line 2, give the mailing address of the		
-	INSTRUCTIONS: In line 1, give any linames already appear in space B. In 1 IDENTIFICATION OF CABLE SYSTIC	line 2, give the mailing address of the		
_	INSTRUCTIONS: In line 1, give any linames already appear in space B. In	line 2, give the mailing address of the		
_	INSTRUCTIONS: In line 1, give any linames already appear in space B. In 1 IDENTIFICATION OF CABLE SYSTIC	line 2, give the mailing address of the EM: STEM:		
_	(City, town, state, zip) INSTRUCTIONS: In line 1, give any I names already appear in space B. In 1 IDENTIFICATION OF CABLE SYSTI 1 MAILING ADDRESS OF CABLE SY	line 2, give the mailing address of the EM: STEM:		

Privacy Act Notice: Section 111 of 1tite 1/ of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Moosehead Enterprises Inc	489
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings.	I communities within unincorporated areas and including single, discrete ill serve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo city.	obile home parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	Rockwood	JIAIE
Community		
Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							513	TEM II 48
	Moosehead Enterprises								
Е	SECONDARY TRANSMISSION								
L _	In General: The information in s system, that is, the retransmission	•		U U					
Secondary	about other services (including p								
Transmission	last day of the accounting period	d (June 30 or D	ecember	r 31, as the ca	se may be	e).		-	
Service: Sub-	Number of Subscribers: Both down by categories of secondar								
scribers and Rates	each category by counting the n								
Rateo	separately for the particular serv	vice at the rate	indicated	-not the nun	nber of se	ts receiving serv	ice).	C C	
	Rate: Give the standard rate of	-	-						
	unit in which it is generally billed category, but do not include disc	· ·	,		ny standa	rd rate variations	s within a p	oarticular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide	•		0					
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	0			()	service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and block. A tv	vo- or thre	e-word descripti	on of the s	service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRIBE						SUBSCRIBERS	
	Service to first set		92	65.95					
	 Service to additional set(s) 						••••••		1
	• FM radio (if separate rate)								
	Motel, hotel								1
	Commercial								
	Converter								
	Residential								
	Non-residential								ļ
					·				
_	SERVICES OTHER THAN SEC In General: Space F calls for ra				-	ll vour cable svs	tem's serv	rices that were	
F	not covered in space E, that is,		'		•				
	service for a single fee. There a		,		0		0.		
Services	furnished at cost or (2) services amount of the charge and the ur			nonsubscribe	ers Rate i	nformation shou	d include	both the	
							hla nar ni	ogram basis	
Other Than Secondarv			usually i				able per-pi	rogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard ra	rate column. te charged by t	he cable	billed. If any ra	ates are ch ach of the	narged on a varia applicable servio	es listed.	-	
	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha	rate column. te charged by t t your cable sys	he cable stem furr	billed. If any ra system for ea hished or offer	ates are ch ach of the red during	narged on a varia applicable servio the accounting p	es listed. beriod that	were not	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg	he cable stem furr je was m	billed. If any ra system for ea hished or offer ade or establi	ates are ch ach of the red during	narged on a varia applicable servio the accounting p	es listed. beriod that	were not	
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Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by t t your cable sys separate charg otion and includ BLO	he cable stem furr je was m le the rat CK 1	billed. If any ra system for ea hished or offer ade or establi te for each.	ates are ch ach of the ed during shed. List	narged on a varia applicable servio the accounting p these other servi	ces listed. period that rices in the	were not e form of a BLOCK 2	BAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg otion and incluc	he cable stem furr je was m le the rat CK 1 CATEG	billed. If any ra system for ea hished or offer ade or establi	ates are ch ach of the ed during shed. List VICE	narged on a varia applicable servio the accounting p	ces listed. period that rices in the	were not e form of a	RATI
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by t t your cable sys separate charg otion and includ BLO	he cable stem furr je was m le the rat CK 1 CATEG Installa	billed. If any ra system for ea hished or offer ade or establi te for each. ORY OF SER	ates are ch ach of the ed during shed. List VICE	narged on a varia applicable servio the accounting p these other servi	ces listed. period that rices in the	were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by t t your cable sys separate charg otion and includ BLO	he cable stem furr je was m le the rat CK 1 CATEGO Installa	billed. If any ra system for ea hished or offer lade or establi- te for each. ORY OF SER tion: Non-res	ates are ch ach of the ed during shed. List VICE	arged on a variant applicable service the accounting participation of the service other service applicable s	ces listed. period that rices in the	were not e form of a BLOCK 2	RATI
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by t t your cable sys separate charg otion and includ BLO	he cable stem furr le was m le the rat CK 1 CATEG Installat • Mote • Corr	billed. If any ra system for ea hished or offer lade or establi te for each. ORY OF SER' tion: Non-res el, hotel	ates are ch ach of the ed during shed. List VICE	arged on a variant applicable service the accounting p these other service RATE 39.95	ces listed. period that rices in the	were not e form of a BLOCK 2	RATI
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by t t your cable sys separate charg otion and includ BLO	he cable stem furr le was m le the rat CK 1 CATEG Installat • Mote • Com • Pay	billed. If any ra system for ea hished or offer lade or establi te for each. ORY OF SER' tion: Non-res el, hotel Imercial	ates are ch ach of the ed during shed. List VICE idential	arged on a variant applicable service the accounting p these other service RATE 39.95	ces listed. period that rices in the	were not e form of a BLOCK 2	RATI
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	rate column. te charged by t t your cable sys separate charg otion and includ BLO	he cable stem furr le was m le the rat CK 1 CATEGO Installat • Mote • Corr • Pay • Pay	billed. If any ra system for ea hished or offer ade or establi te for each. ORY OF SER' tion: Non-res el, hotel mercial cable	ates are ch ach of the ed during shed. List VICE idential	arged on a variant applicable service the accounting p these other service RATE 39.95	ces listed. period that rices in the	were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. te charged by t t your cable sys separate charg otion and includ BLO	he cable stem furr je was m le the rat CK 1 CATEG Installat • Mote • Corr • Pay • Pay • Fire	billed. If any ra system for ea hished or offer ade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch	ates are ch ach of the ed during shed. List <u>VICE</u> idential	arged on a variant applicable service the accounting p these other service RATE 39.95	ces listed. period that rices in the	were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	rate column. te charged by t t your cable sys separate charg btion and includ BLO RATE	he cable stem furr je was m le the rat CK 1 CATEG Installar • Mote • Corr • Pay • Pay • Fire • Burg	billed. If any ra system for ea hished or offer ade or establi te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection	ates are ch ach of the ed during shed. List <u>VICE</u> idential	arged on a variant applicable service the accounting p these other service RATE 39.95	ces listed. period that rices in the	were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by t t your cable sys separate charg btion and includ BLO RATE 39.95	he cable stem furr le was m le the rat CK 1 CATEG Installar • Mote • Corr • Pay • Pay • Fire • Burg Other s	billed. If any ra system for ea hished or offer ade or establi- te for each. ORY OF SER ¹ tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection	ates are ch ach of the ed during shed. List <u>VICE</u> idential	arged on a variant applicable service the accounting p these other service RATE 39.95	ces listed. period that rices in the	were not e form of a BLOCK 2	RAT
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Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sys separate charg btion and includ BLO RATE 39.95	he cable stem furr je was m le the rat CK 1 CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other s • Reco • Disc	billed. If any ra system for ea hished or offer lade or establi te for each. ORY OF SER' tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	ates are ch ach of the ed during shed. List <u>VICE</u> idential	arged on a variant applicable service the accounting participation of the service other service and the service other se	ces listed. period that rices in the	were not e form of a BLOCK 2	RAT

	LEGAL NAME OF OWNER O	DE CABLE SYSTEM		SYSTE					
Name				STOLE1					
	Moosehead Enterpri								
				levision stations)					
G		lentify every television station (including to em during the accounting period, except (•	,					
-	FCC rules and regulations	in effect on June 24, 1981, permitting the	e carriage of certain network progra	ams [sections					
Primary nsmitters:		(e)(2) and (4), or 76.63 (referring to 76.61	(e)(2) and (4))]; and (2) certain sta	tions carried on a					
levision		as explained in the next paragraph. s: With respect to any distant stations ca	rried by your cable system on a sul	bstitute program					
	basis under specific FCC rules, regulations, or authorizations:								
	• Do <i>not</i> 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 <i>only</i> on a substitute basis.								
		also in space I, if the station was carried	both on a substitute basis and also	o on some other					
		ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr							
		ed with a station according to its over-the-	-	-					
	"WETA-2" as the same or		internet attenden a						
		nel number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	ision station for proadcasting over						
	Column 3: Indicate in eac	h case whether the station is a network s							
		ering the letter "N" (for network), "N-M" (for network), "N-M" (for noncommercial educational), or							
), "E" (for noncommercial educational), of the general instruction to the general instruction of the g		iona mulloasi).					
	Column 4: Give the locati	on of each station. For U.S. stations, list t	he community to which the station	-					
	FCC. For Mexican or Can	adian stations, if any, give the name of the	e 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	N	Bangor, ME					
	WABI	5	Ν	Bangor, ME					
ws as Necessary	wvii	7	N	Bangor, ME					
	WFVX	7.2	N	Bangor, ME					
	WMEB	12	E	Orono, ME					
	WABI - 2	5.2	N-M	Bangor, ME					
	WABI-3	5.3	N-M	Bangor, ME					
	WABI-4	5.4	N-M	Bangor, ME					
	WLBZ-2	2.2	N-M	Bangor, ME					
	WLBZ-3	2.3	N-M	Bangor, ME					
	WLBZ-3 WMEB-2	2.3 12.2	N-M E-M	Bangor, ME Orono, ME					
	WMEB-2	12.2	E-M	Orono, ME Orono, ME					
	WMEB-2 WMEB-3	12.2 12.3	E-M E-M	Orono, ME					
	WMEB-2 WMEB-3	12.2 12.3	E-M E-M	Orono, ME Orono, ME					
	WMEB-2 WMEB-3	12.2 12.3	E-M E-M	Orono, ME Orono, ME					
	WMEB-2 WMEB-3	12.2 12.3	E-M E-M	Orono, ME Orono, ME					
	WMEB-2 WMEB-3	12.2 12.3	E-M E-M	Orono, ME Orono, ME					
	WMEB-2 WMEB-3	12.2 12.3	E-M E-M	Orono, ME Orono, ME					
	WMEB-2 WMEB-3	12.2 12.3	E-M E-M	Orono, ME Orono, ME					
	WMEB-2 WMEB-3	12.2 12.3	E-M E-M	Orono, ME Orono, ME					
	WMEB-2 WMEB-3	12.2 12.3	E-M E-M	Orono, ME Orono, ME					
	WMEB-2 WMEB-3	12.2 12.3	E-M E-M	Orono, ME Orono, ME					
	WMEB-2 WMEB-3	12.2 12.3	E-M E-M	Orono, ME Orono, ME					

Moosehead	F OWNER OF		ISTEM:					SYSTEM I
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cabl				ied on an	н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	it is carried b monitoring, to ormation abou rm. dentify the call State whether f the radio stat this by placing Sive the station	y the sys be receint the Cop I sign of the the static tion's sig g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's hea system's FM anten is point, see page ed by the cable sy e station is licens	dend, and (2) nna, during ce e (v) of the ger vstem as a sep ed by the FCC	it can be rtain sta neral ins parate ar	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
WTOS	FM	S	Skowhegan, ME			0,0		
		+						
		+						
	t	t	·					

Accounting Perio	d: 2022/1						FOR	M SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#	
Name	Moosehead Enterprise	s Inc						489	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	fy every non ccounting pe	network televisi riod, under spe	on program, broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or a	uthorizations.	For a further	
Carriage:	1. SPECIAL STATEMENT	CONCERI	NING SUBSTI	TUTE CARRIAGE					
Special Statement and	During the accounting per	iod, did youı	cable system	carry, on a substitute bas	is, any nonne	twork telev	vision progran		
Program Log	broadcast by a distant station?								
	Note: If your answer is "No	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	ete the progra	m	
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call 3: Column 4: Give the broad the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give 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 a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, or ies like "mon Bulls." n was broad sign of the s idcast statio adian statio adian statio adian statio th and day u re "5/7." es when the Example: a er "R" if the l and regulatic ming that y	m on a separa add additional r network televi on and that you r authorizations vies" or "baske lcast live, enter tation broadca n's location (th ns, if any, the c when your syst substitute prog program carrie	ows to the tables. sion program ("substitute or cable system substitute s. See page (v) of the gen tball." List specific progra "Yes." Otherwise enter " sting the substitute progra e community to which the community with which the em carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progr ring the accounting period	program") that d for the prog eral instruction n titles, for ex No." am. station is licer station is ider program. Use cable system. 15 p.m. to 6:2 amming that y l; enter the let	nsed by th nsed by th http://www.commercial	he accounting of another sta her information Love Lucy" or he FCC or, in s, with the mor mes accurate should be m was <i>require</i> he listed progr	l tion n. hth ly	
	SUBSTITUTE PROGRAM						7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION	
							_		
							_		
							_		
					1				

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
Humo	Moosehead Enterprises Inc		489
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	ssion service nount, see	, 533.47 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$20 • 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.	53,800.	
	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 thi accounting period is \$52.00.	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2022/1		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Enterprises Inc	SYSTEM ID# 489
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to on which th	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	13 29
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual ct about this statement of account.)	
for Further Information	Name	Earl Richardson Telephone 207	'-695-3337
	Address	PO Box 526 (Number, street, rural route, apartment, or suite number) Greenville ME 04441 (City, town, state, zip)	
	Email	mooseheadtv@gwi.net Fax (optional	
O Certification	I, the undersign (Owr (Agen X (Offi I have examine are true, comp	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) aned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ant 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 and that the owner is not a corporation or partnership; or "iccer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein blete, and correct to the best of my knowledge, information, and belief, and are made in good faith. section 1001(1986)] 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:	
		Title: President (Title of official position held in corporation or partnership)	
		Date: 02/02/22	

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

unting Period: 2022/1				FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM ID
osehead Enterprises Inc				489
SPECIAL STATEMENT CONCERNING GROSS RECE The Satellite Home Viewer Act of 1988 amended Title 17, section 12 lowing sentence: "In determining the total number of subscribers and the gross service of providing secondary transmissions of primary broad scribers and amounts collected from subscribers receiving set For more information on when to exclude these amounts, see the nor- located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amount made by satellite carriers to satellite dish owners?	11(d)(1)(A), of the Co s amounts paid to th adcast transmitters, econdary transmissi ote on page (vii) of th	opyright Act by addi the cable system for t the system shall not ons pursuant to sec ne general instructio	the basic t include sub- tion 119." ons	P Special Statement Concerning Gross Receipts Exclusion
NO YES. Enter the total here and list the satellite carrier(s) below		\$		
Name	Name Mailing Address			
INTEREST ASSESSMENT				
You must complete this worksheet for those royalty payments subm For an explanation of interest assessment, see page (viii) of the ger				Q
For an explanation of interest assessment, see page (viii) of the ger	neral instructions loc			Q Interest Assessment
	neral instructions loc			Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the ger	neral instructions loc			Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the ger	neral instructions loc	ated in the paper SA		Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the ger Line 1 Enter the amount of late payment or underpayment	neral instructions loc	ated in the paper SA	41-2 form.	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the ger Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here .	neral instructions loc	x		Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the ger Line 1 Enter the amount of late payment or underpayment	neral instructions loc	x	A1-2 form. - days -	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the ger Line 1 Enter the amount of late payment or underpayment 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	neral instructions loc	x	41-2 form.	Q Interest Assessment
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