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							
AMOUNT							
\$							
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)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	(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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
	Lincolnville Communications, Inc.	3534
	Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated commu	
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	as a form of system identification hereafter known as the "fire
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon	ne parks should be reported in parentheses below the identifi
Served	city.	
	CITY OR TOWN	STATE
First	Linconville	ME
Community	Alna	ME
	Appleton	ME
ld Rows as Necessary	Bremen	ME
	Bristol	ME
	Damariscotta	ME
	Boothbay Harbor	ME
	East Boothbay	ME
	Edgecomb	ME
	Норе	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: 2022/2

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.

OCK 1	BLOCK	< 2		
NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
35	47.95	Tier 1	82	#####
		Tier 2	10	#####
318	22.00			
	NO. OF SUBSCRIBERS 35	NO. OF SUBSCRIBERS RATE 35 47.95 318 22.00	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 35 47.95 Tier 1 Tier 2 318 22.00	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 35

F

Services Other Than Secondary Transmissions:

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 1					
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	
 Pay cable—add'l channel 		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: 2022/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SYSTEM ID#

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Lincolnville Communications, Inc.

35347

4. LOCATION OF STATION

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

WLBZ Bangor, ME Ν WABI 5 Ν Bangor, ME **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 N Lewiston, ME **WPXT** 51 Ν Portland, ME

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2022/2	FORM SA1-2E. PAGE 4
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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
	_				_		

A	1. 2022 /2							
Accounting Perio	d: 2022/2 LEGAL NAME OF OWNER OF	CABLE SYST	EM:				FOR	SYSTEM ID#
Name	Lincolnville Communic							35347
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identiful substitute basis during the acceptanation of the programming 1. SPECIAL STATEMENT • During the accounting periphroadcast by a distant state	fy every nonecounting peng that muse CONCER od, did you	network televisi riod, under spe t be included in NING SUBSTI	ion program, broadcast by cific present and former FC this log, see page (v) of the ITUTE CARRIAGE	a distant statio CC rules, regula e general instru	itions, or au actions in th	uthorizations. ne paper SA1-	For a further 2 form.
r rogram Log	Note: If your answer is "No'		rest of this pag	je blank. If your answer is	"Yes," you mu	ıst comple	_	
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spar Column 1: Give the title of period, was broadcast by a under certain FCC rules, red Do not use general categoris "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call of 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 lette to delete under FCC rules a was substituted for program	itute progra ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broad sign of the s docast static adian statio th and day e "5/7." es when the Example: a er "R" if the nd regulatio	m on a separa add additional ranetwork televion and that your authorizations vies" or "basked cast live, enterestation broadca on's location (thins, if any, the cowhen your system substitute program carried listed program ons in effect du	sows to the tables. Ision program ("substitute ur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "sting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	program") that ad for the program titles, for eximal. No." am. a station is lice station is iden program. Use cable system. 15 p.m. to 6:2 amming that yd; enter the let	t, during the ramming of the for furth ample, "I Lessen by the tiffied). List the time are also p.m. our systen ter "P" if the	ne accounting of another state information ove Lucy" or see FCC or, in with the momes accurate should be a was required to listed programme.	otion n. nth ely
	effect on October 19, 1976.					N SUBST	-	7. DEASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		TIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
					-			
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Accounting Period:	2022/2 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Lincolnville Communications, Inc. SYSTEM ID 3534
	3534
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
	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 \$263,800 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
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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 \$137,100)
	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
	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
	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)
	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)
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL DEMITTANCE DUE
	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)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID # 10058437
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2022/2			FORM SA1-2E. PAGE 7.					
Name		OWNER OF CABLE SYSTEM: Ommunications, Inc.		SYSTEM ID# 35347					
M Channels	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.								
	on which the	al number of activated chann cable system carried televisi dcast services		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	Shirley Manning	•	207 563-9911					
	Address	(Number, street, rural route, apart Nobleboro, ME 0455							
	Email	(City, town, state, zip)	Fax (optional						
	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 c	ne, but only one, of the boxes.)						
	(Owne	r other than corporation or p	nartnership) 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 see owner is not a corporation or partnership; or	system 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 ow	ner of the cable system					
		ete, and correct to the best of n	hereby declare under penalty of law that all statements of fact contained herein by knowledge, information, and belief, and are made in good faith.						
	I		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:	2/22/23						

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counting Period: 2022/2	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 17 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 transmiss made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	sic de sub- 19." Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment as a result of a late payment or underpayment as explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Ente 2 Manapy and 1 by the interest rate and enter the sammere	dava
Line 3 Multiply line 2 by the number of days late and enter the sum here	days 1
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 cha	rge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	olease
** 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, list below the owner, address, first community served, ID number, and accounting period as given in the original file.	
Owner	
Address	
ID number	
First community served Accounting period	

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