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.

	 Return completed workbook by 				
FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED AMOUNT					
\$ ALLOCATION NUMBER					
	AMOUNT \$				

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						
	Moosehead Enterprises Inc BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	PO Box 526 (Number, street, rural route, apartment, or suite number)						
	Greenville ME 04441 (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						
System	es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 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 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.

Accounting Period:	2023/1						
	• •	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	Moosehead Enterprises Inc	14523					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified						
Area	city.						
Served							
	CITY OR TOWN	STATE					
First	Greenville						
Community							
Add Rows as Necessary							

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

14523

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Moosehead Enterprises Inc

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.

BLO	OCK 1	BLOCK 2	
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
Service to first set	373	75.95	
 Service to additional set(s) 			
• FM radio (if separate rate)			
Motel, hotel			
Commercial			
Converter			
Residential			
Non-residential			

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.

	BLO	CK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
 Pay cable 		Motel, hotel	39.95	
 Pay cable—add'l channel 		Commercial	39.95	
 Fire protection 		• Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	39.95	Burglar protection		
 Additional set(s) 	39.95	Other services:		
 FM radio (if separate rate) 		Reconnect	39.95	
Converter		Disconnect		
		Outlet relocation	39.95	
		Move to new address	39.95	

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 14523

4. LOCATION OF STATION

Moosehead Enterprises Inc

1. CALL SIGN

G

Primary Transmitters: Television

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.

2. B'CAST CHANNEL NUMBER

WLBZ 2 Ν Bangor, ME WABI 5 Ν Bangor, ME WVII 7 Ν Bangor, ME WFVX 7.2 Ν Bangor, ME **WMEB** 12 Ε 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 Bangor, ME N-M WMEB-2 12.2 Orono, ME E-M WMEB-3 12.3 E-M Orono, ME WMEB-4 12.4 E-M Orono, ME **WSBK** 38 Т Boston, MA WABI-6 5.6 N-M Bangor, ME

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2023/1	FORM SA1-2E. PAGE 4.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#

Moosehead Enterprises Inc

14523

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
WVOM	FM	S	Houlton, ME				
		<u> </u>					
							
		†					
							
		†					
		+					
		†					
		†					
	1	†					

Accounting Perio	d∙ 2023/1						FORM	SA1-2E. PAGE 5.
Accounting Ferro	LEGAL NAME OF OWNER OF O	ABLE SYST	EM:					SYSTEM ID#
Name	Moosehead Enterprises	s Inc						14523
	•							020
_	SUBSTITUTE CARRIAGE	SPECIAL	STATEMEN	T AND PROGRAM LOG	;			
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a						carried on a	
		substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further						
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Program Log	broadcast by a distant stati	on?					YES	X NO
	Note: If your answer is "No,"	' leave the i	rest of this pag	e blank. If your answer is	"Yes," you mu	st complete the	e program	
	log in block 2.		. 0	·		·		
	2. LOG OF SUBSTITUTE	PROGRAI	MS					
	In General: List each substi	tute progra	m on a separa	te line. Use abbreviations	wherever pos	sible, if their m	eaning is	
	clear. If you need more space							
	Column 1: Give the title of period, was broadcast by a							an .
	under certain FCC rules, rec		•	•		•		
	Do not use general categorie							
	"NBA Basketball: 76ers vs. I							
	Column 2: If the program Column 3: Give the call s		,					
	Column 4: Give the broad	•				nsed by the FC	CC or. in	
	the case of Mexican or Cana						,	
	Column 5: Give the mont	•	when your syst	em carried the substitute	program. Use	numerals, with	n the montl	n
	first. Example: for May 7 give Column 6: State the time		cubatituta pro	gram was carried by your	cable system	List the times	accurately	
	to the nearest five minutes.				•		•	
	stated as "6:00-6:30 p.m."		F 9	,,				
	Column 7: Enter the lette					•	•	
	to delete under FCC rules at was substituted for program							m
	effect on October 19, 1976.	ming mat y	our system wa	s permilled to delete unde	er FCC rules a	na regulations	III	
	Chicat an Catabar 10, 1070.							
	DELL						TE	
							7. REASON FOR DELETION	
	1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES						DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
					_			
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					-	<u></u> _		
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					1			

Accounting Period:	2023/1		1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Moosehead Enterprises Inc	S	STEM ID# 14523
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entall 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.	nission service amount, see	2,122.09 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 \$ 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.	
l	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00.	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	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)	
	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	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 #		
	<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:	2023/1				FORM SA1-2E. PAGE 7.
Name	Moosehead En	WNER OF CABLE SYSTEM: terprises Inc			SYSTEM ID# 14523
M Channels	to its subscriber	• , ,	of channels on which the cable system carried television bro total number of activated channels during the accounting pe		
			IS		15
				•	_
	on which the	al number of activated channe cable system carried televisi dcast services			43
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accordance.	HER INFORMATION IS NEEDED (Identify an individual unt.)		
for Further	Name	Earl Richardson		Telephone	207-695-3337
Information	Address	PO Box 526			
		(Number, street, rural route, apart Greenville ME 04441			
		(City, town, state, zip)			
	Email	mooseheadtv@	gwi.net Fax (option	onal	
	CERTIFICATION	(This statement of account m	ust be certified and signed in accordance with Copyright Offi	ice 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	nartnership) I am the owner of the cable system as identified in	line 1 of space E	3; or
			ation or partnership) I am the duly authorized agent of the own e owner is not a corporation or partnership; or	ner of the cable s	ystem as identified
		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 owr	ner of the cable system
		te, and correct to the best of m	hereby declare under penalty of law that all statements of fact only knowledge, information, and belief, and are made in good fait		
	· I		X /s/ Earl Richardson		
			Enter an electronic signature on the line above to certify this stat Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	tement.	
		Typed or printed	name: Earl Richardson		
		Title:	President tle of official position held in corporation or partnership)		
		Date:	08/08	3/23	

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ounting Period: 2023/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
osehead Enterprises Inc	14523
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below\$	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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. 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
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	_
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	

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CONTROL #: REMITTANCE #:

	Cable
U	Worksheet

Total amount of	of	Number of SAs rec'd	Initials
_ _{Check} remi <u></u> †a <u>n</u> çe	☐ FILING		

				Date of remittance			
Cable ID #						Amount	Initials
□ Le Examined l□/ Ac	tter sent cepted	Reviewed by	☐ Inform	Date examination call/Date/Contact completed	Allocation number		
			□ Info	ation washingd			
	tter sent			ation received call/Date/Contact			
Accounting	cepted		_ Friorie	(enter four digit year and	/1 (for Jan-Jun period) or /2 (for	Jul-Dec period) No space	es)
Period							
□ Le	tter sent		☐ Inform	nation received			
	coptod		Dhono	call/Date/Contact			
Space B Owner							
	tter sent			nation received			
⊔ Ac	cepted		☐ Phone	call/Date/Contact			
opace 2	tter sent			nation received			
Area Serve□ ^{Ac}	cepted		☐ Phone	e call/Date/Contact			
□ Ас	cepted		☐ Phone	e call/Date/Contact			
	, , , , , , , , , , , , , , , , , , ,						
Space E							
Secondary Transission							
Service Letter sent Subscribers:		☐ Inform	ation receive	ed			
Subscribers: Accepted and Rates		□ Phone	cali/Date/Cor	ntact			
Space G		□ Info	-11				
Pimantyr sent Transmitters:			ation receive call/Date/Cor				
Television			can bate, con	mace			
☐ Letter sent		☐ Inform	ation receive	ed .			
Space Primary		☐ Phone	call/Date/Cor	ntact			
Transmitters:							
R⊡iRo yalty Fee		☐ Refund	request to f	riscal			
☐ Letter sent		☐ Information received					
☐ Accepted		☐ Phoe c	all/Date/Cont	tact			
☐ Letter sent		☐ Inform	ation receive	od.			
☐ Accepted		☐ Filone	cally Date/Col	тасс		Snace I	

Space I Substitute

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