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

Return completed workbook

STATEM	ENT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Seconda	ny Tr	ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste General instru in the first tab	ictions	are located	2/22/24	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
-					
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		2023/2	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 th title of the subsidiary, not that of the pare		idiary of another corporation, give the full o	corporate
Owner		List any other name or names under which	h the owner conducts the business of	the cable system.	
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should hting period.	d submit a
		Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	35347
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
		Lincolnville Communications, Inc.			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	Г)	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 179 (Number, street, rural route, apartment, or suite nu	imber)		
		Nobleboro, ME 04555-0179 (City, town, state, zip)			
С		RUCTIONS: In line 1, give any busir s already appear in space B. In line			
System	1	IDENTIFICATION OF CABLE SYSTEM:	, , , , , , , , , , , , , , , , , , , ,		5
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu			
		(City, town, state, zip code)			
Privacy Act Notic	e: Sectio	n 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	e personally identifying information (PII) reque	ested 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	Lincolnville Communications, Inc.	353
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I	ist will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Linconville	ME
Community	Alna	ME
	Appleton	ME
ld Rows as Necessary	Bremen	ME
iu nows as necessary	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

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	TEM ID
Name	Lincolnville Communic	ations, Inc.							3534
_	SECONDARY TRANSMISSION		IBSCR	IBERS AND R	ATES				
E	In General: The information in s					ry transmission s	service of the	ne cable	
	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period	• • •			-		hose existi	ng on the	
Service: Sub-	Number of Subscribers: Bot						ole system,	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n		0	•••				charged	
	separately for the particular server <b>Rate:</b> Give the standard rate of					•	,	e and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	counts allowed	for adva	, ance payment.			•		
	Block 1: In the left-hand block			-		-			
	systems most commonly provide that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					• • •	•		
	first set" and would be counted of								
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.		Ũ		_	•			
	BLO	OCK 1 NO. OF	· · · · ·				BLOCK	2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		21	50.95	Tier 1			53	###
	<ul> <li>Service to additional set(s)</li> </ul>				Tier 2		l	8	####
	• FM radio (if separate rate)								
	Motel, hotel		242	22.00					
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra								
	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any r	ates are cl	harged on a vari	able per-pr	ogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard ra		ho och	a avatam far a	ach af tha	appliaghte acruit	non lintad		
ransmissions: Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				-				
	brief (two- or three-word) descrip	ption and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SEF	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	sidential				
	• Pay cable			tel, hotel				nal Outlet	5.0
	Pay cable—add'l channel			mmercial				utlet - DVR	9.0
	Fire protection		-	y cable			DVR Se	rvice	7.0
	•Burglar protection		-	/ cable-add'l cl	nannel		HBO		22.9
	Installation: Residential			e protection			Cinema		10.9
	First set	55.00		glar protection	l		SHO/TM		17.9
	Additional set(s)     EM radio (if separate rate)	30.00		services:			Encore	Slaiz	9.0
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>			connect					
	- CONVENEN		sוט• ו	connect					
	Convoltor			tlat ralaastia=					
			_	tlet relocation ve to new addi	P88				

Accounting Period: 2	2023/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Lincolnville Commun	cations, Inc.		3534
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting ti )(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. Ilso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination I with a station according to its over-the he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), or rms, see page (iv) of the general instru-	t (1) stations carried only on a part-tii he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" onal multicast). s licensed by the
	FCC. For Mexican or Canad	lian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	he community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	WLBZ	2	N	Bangor, ME
	WEBZ	5	N	u
	WABI	6	N	Bangor, ME Portland, ME
Add Rows as Necessary	WVII	7	N	Bangor, ME
	WHEB	, 12	E	
	WCSH		N	Orono, ME
		12		Portland, ME
	WGME	13	N	Portland, ME
	WFVX	22	N	Bangor, ME
	WPME	35	N	Lewiston, ME
		51	N	Portland, ME

EGAL NAME OF Lincolnville								SYSTEM I
	Communic	alions	, mc.					353
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of f For detailed info paper SA1-2 for <b>Column 1</b> : lo <b>Column 2</b> : S	it is carried by monitoring, to prmation abou m. lentify the call tate whether t	y the sys be rece at the Co sign of the statio	II-Band FM Carriage: Under O stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM.	it the system's he system's FM ante this point, see pa	eadend, and (; enna, during c ge (v) of the c	2) it can certain s general i	be expected, tated intervals. nstructions in the.	Primary Transmitters Radio
ignal, indicate <b>Column 4:</b> G	this by placing ive the statior	g a chec n's locati	nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio	od: 2023/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Lincolnville Communi	cations, I	nc.					35347
	SUBSTITUTE CARRIAGI	-	-			tion that va		tom corried on a
∎ Substitute	substitute basis during the a explanation of the programm	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or	authorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable systen	n carry, on a substitute ba	sis, any noni	network tele	evision prog	am
Statement and Program Log	broadcast by a distant sta		-	-	-		YES	× NO
r rogram 20g	-		reat of this no	an blonk If your anowar is	"Vee" veu	⊣ In wet ee mee		
	Note: If your answer is "No	, leave the	rest of this pa	ge blank. If your answer is	s res, you i	nust comp	lete the prog	ram
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			ate line. Use abbreviations	s wherever p	ossible if t	heir meaning	ı is
	clear. If you need more spa					,		<b>,</b>
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs. Column 2: If the program	Bulls." n was broa	dcast live, ente	er "Yes." Otherwise enter '	'No."	•		
				asting the substitute progr				
	the case of Mexican or Car			he community to which the			the FCC or,	IN
				stem carried the substitute			s, with the n	nonth
	first. Example: for May 7 giv							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can	ied by a system nom 0.01	. 10 p.m. to c	.20.00 p.m	. Should be	
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules a							ogram
	was substituted for program effect on October 19, 1976.	• •	your system w	as permitted to delete und		and regula	ations in	
	S	1	E PROGRAM		CARR	N SUBST		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— ТО	-
							_	
							_	
							<u> </u>	
							_	
							_	
							—	
		+					_	

Accounting Period:	2023/2 FORM SA	1-2E. PAGE 6.
News	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID#
Name	Lincolnville Communications, Inc.	35347
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c 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, se 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.	,700.00
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 \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( 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	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 \$137,100)	
	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)	,148.00
	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	,148.00
	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	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 1,148.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$	,168.00
	EFT Trace # or TRANSACTION ID # 11662768	
	<b>Important:</b> 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:	2023/2																																																																																																																															
Name		DWNER OF CABLE SYSTEM: Dommunications, Inc.																																																																																																																														
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	bu must give (1) the number s, and (2) the cable system's number of channels on whic television broadcast stations number of activated channe able system carried televisior	total num	umber able	ber o	er c		r (	er	9)	e	e	e	9)		er.	er		r				of	f.	a	ас		iv	a	a	at	t	te	te	e	e	e	e	e	e	e	te	e	te	te	te	e	e	e	e	e	e	e	e	e	te	e	te	te	te	te	te	te	t	t	t	t	at	at	a	at	at	at	at	at	at	at	at	at	1	at	t	t	t	t	te	t	t	ıt	t	at	I	at	at	at	1	at	at	a	a	a	a	a	a	a	a	a	a	a	a	at	at	at	1	at	at	at	at	a	a	a	a	a	a	a	a	at	t
	and nonbroadc	ast services				• •	•		•	•				•	•	•	•	•	•		•		•	• •	• •	• •	•	•	•			•	•			•	•	•	•	•				•		•		•	•	•	•	•				•		•		•	•	•	•	•	•	•	•						•	•								•	•	•	•	•	•	•	•	•	•										•		•		•																•		•					•
N Individual to Be Contacted		BE CONTACTED IF FURT		FORM	DRM	RM	M	М	21	Z	2	R	<b>२</b>	Z	2	2I	2	N	N	M	N.	1/	A	۷.	T	10	0	N	1		ŀ	1	S	S	s	s	S	S	S	s	s	S	s	S	S	S	s	s	s	s	S	S	S	s	S	15	S	S	S	15	S	S	S	1	1	1	1:	I	I		I	I	ŀ	ŀ	I	I	I	I	I	I	I	1:	1	S	1	S	1	1	1	ŀ	ŀ	1	I	I	I	I	I	I													I	I	I	I	I	I	I	I		1							I	:
for Further Information	Name	Shirley Manning													•						••••	• • •										• • •	•••			•				•	•			•••	•	•••	•	•••	•	•			•					•••	•	••••	•••	•••								•••	•	•	•••	•••		•				•	•		• • •	•				•••			•••	•			•	•		•	•••								•	•	•					•						•••							•	•••
	Address	Lincolnville Commu (Number, street, rural route, apar	Inicatio tment, or su	ions suite n	ns, ite nu	s, nu	s, nui	<b>5</b> ,	S	S		e		S	S	S	s	S	S	s,	, iu	ur	n	<b>lı</b> nl	n	IC er	r)	.	F		2	•	(	(	C	C	C	C	C	C	<b>C</b>	(	C	(	(	(	<b>C</b>	C	C	C	C	C	C	(	(	(	(	(	(	•	(	(	(	2	2	2	•		<b>-</b>										<b>-</b>	<b>)</b>		•	•	(	2	(	2	2	•			)	<b>-</b>			<b>)</b>	<b>-</b>			-	P	-	P	-	P	-	P	P	P		<b>-</b>		<b>-</b>	<b>)</b>	<b>-</b>		<b>-</b>			2	P		P		P			•
		Nobleboro, ME 0455 (City, town, state, zip)	55-0179	79																																																																																																																												
	Email																																																																																																																															
	CERTIFICATION	(This statement of account n	nust be ce	certifi	rtifie	ifie	ie	ïe	ifi	if	tit	tit	tif	if	if	if	fi	fi	fi	ïe	e	e	d	b	a	an	nd	: t	s	si	ię	iç	g	g	g	3	31	31	31	3	3	g	g	g	g	g	3	gı	3	3	31	31	3	g	g	g	g	g	g	ig	g	g	ç	iç	iç	ię	ię	i	si	si	i	i	ię	ię	i	i	i	i	si	i	i	ię	iç	ç	iç	ç	iç	iç	ię	ię	ię	i	si	i	i	i	si	i	si	si	si	si	si	si	si	si	si	si	si	si	si	i	si	i	si	i	si	i	si	si	si	si	si	si	si	si	i	ię
O Certification		ed, hereby certify that (Check																																																																																																																														
	(Owne	r other than corporation or	partnersh	ship)	ip) I	) [		I	)	)) )	(כ	p)	<b>)</b>	)) )	<b>)</b>	)	)	)	)		I	1	а	ar	m	۱t	th	ne	\$	C	C	0	יכ	٥١	v	v	v	v	v	v	v	٥١	•	יכ	יכ	יכ	v	v	v	v	v	v	v	<b>b</b> \	<b>b</b> \	יכ	<b>b</b> \	יכ	יכ	יס	יכ	יכ	יכ	D	D	0	0	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0	0	כ	D	יכ	D	D	0	C	C	C	C	C	C	C	C	C	C	(		(		(		(				C	C	C	C	C	C	C	C	C	C	(		C		C	(	C	C	0
		t of owner other than corpor ine 1 of space B and that the		•																																																																																																	۰.		۰.		۰.		۰.	۰.	۰.												۰.		۰.		۰.			
		<b>er or partner)</b> I am an officer ine 1 of space B.	(if a corpo	porati	ratio	tio	ioi	io	ti	at	at	at	at	at	ıt	ıti	ti	ti	ti	ic	0	or	n	ו)	) (	or	r a	a	F	p	Di	02	а	a	a	a	a	a	a	a	а	a	a	а	а	а	а	aı	a	a	a	a	a	a	a	a	a	а	а	6	а	а	a	02	02	08	Da	S	p	p	p	þ	5	5	S	þ	S	S	p	b	þ	Da	02	2	02	a	02	02	0	);	5	)	p	S	p	b	p	p	p	p	p	p	p	p	p	p	p	p	p	p	p	S	p	b	p	S	p	S	p	p	p	p	p	p	p	p	þ	);
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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 it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

counting Period: 2023/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ncolnville Communications, Inc.	3534
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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	

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