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 COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instructions are located in the first tab of this workbook	02/27/2025	\$ ALLOCATION NUMBER	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
Accounting	Barcode Data Filing Period (optional - see instructions)
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 (NUMOBY, Street, NUMI FOLTE, Spanment, Of State 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	nas noo nons, in the 1, give any business of trade names used to identify the business and operation of the system timess these names aneady appear in space b. In time 2, give the maining address of the system, it different from the address given in space b.
System	IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 municer, street, num norm, apartment, or stree municery
	(Citý, town, stale, zip code)

Privacy Act Notice: Section 111 of title 1/ 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 it may affect the legal sufficiency of the fing, a determination that vould be made by a court of law

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI SYSTEM I
Name		
	Lincolnville Communications, Inc.	353
D	Instructions: List each separate community served by the cable system. A "commune and distinct community or municipal entity (including unincorporated c	communities within unincorporated areas and including single
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	list will serve as a form of system identification hereafter kno
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Linconville	ME
Community	Alna	ME
,	Appleton	ME
	Bremen	ME
dd Rows as Necessary	Breinen Bristol	
		ME
	Damariscotta	ME
	Boothbay Harbor	ME
	East Boothbay	ME
	Edgecomb	ME
	Норе	ME
	Jefferson	ME
	Newcastle	ME
	Nobleboro	
	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							FORM SA1	TEM II
Name	Lincolnville Communic		•					515	3534
		auons, mc.							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmissi about other services (including p								
Fransmission	last day of the accounting period	• • •						5	
Service: Sub-	Number of Subscribers: Bot	•							
scribers and Rates	down by categories of secondar each category by counting the n	,		0 / 1		•			
Rates	separately for the particular serv		0	0,0		•		scharged	
	Rate: Give the standard rate of					•	,	ge and the	
	unit in which it is generally billed	· ·		,	any standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmi	ecion convi	ce that cable	
	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					I in the count u	nder "Serv	ice to the	
	Block 2: If your cable system	0			()	service that are	e different	from those	
	printed in block 1 (for example,	-							
	with the number of subscribers a	and rates, in th	e right-h	nand block. A t	wo- or thre	e-word descrip	tion of the	service is	
	sufficient.	OCK 1					BLOC	()	
		NO. OF					DLOOF	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		1	40.95	Tier 1			-	
	 Service to additional set(s) 				Tier 2			-	
	• FM radio (if separate rate)								
	Motel, hotel		278	22.00					
	Commercial Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	te (not subscri	ber) info	ormation with re	espect to a	ll your cable sy	stem's ser	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There a furnished at cost or (2) services	•			•		υ.	,	
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the	rate column.							
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha								
Nates	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descri	ption and inclu	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable			tel, hotel				onal Outlet	5
	Pay cable—add'l channel			mmercial				outlet - DVR	9
	Fire protection		-	/ cable			DVR S	ervice	7.
	•Burglar protection		-	/ cable-add'l cł	nannel		HBO	~~	22.
	Installation: Residential	EE 00		e protection			Cinem		10.
	First set Additional set(s)	55.00 30.00		glar protection			SHO/T Encore		17. 9.
	 Additional set(s) FM radio (if separate rate) 	30.00		connect			LICOR		J.
	• Converter			connect					
	Converter		- DIS	CONTROL					
			• • • • •	tlet relocation					

ccounting Period:	2024/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#
Nume	Lincolnville Commun	ications, Inc.		35347
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	t (1) stations carried only on a part-t ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education actions in the paper SA1-2 form.	ime basis under miss [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each rit multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	FCC. For Mexican or Cana	dian 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
	WABI	5	N	Bangor, ME
dd Rows as Necessary	WMTW	6	N	Portland, ME
	WVII	7	Ν	Bangor, ME
	WHEB	12	E	Orono, ME
	WCSH	12	N	Portland, ME
	WGME	13	Ν	Portland, ME
	WFVX	22	N	Bangor, ME
	WPME	35	Ν	Lewiston, ME
	WPXT	51	Ν	Portland, ME

EGAL NAME OF								SYSTEM I
_incolnville	Sommunic	auons	, IIIC.					353
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of	it is carried by monitoring, to	y the sys	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on t	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can certain si	be expected, tated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If	lentify the call tate whether t the radio stat	he statio ion's sig	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	ed by the cable s	system as a s	eparate	and discrete	
Column 4: G	ive the station	n's locati	on (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2024/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Lincolnville Communi	cations, I	nc.					35347
	SUBSTITUTE CARRIAGI	-	-					
∎ Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or a	uthorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN				<u> </u>			
Special	During the accounting per	-			sis. anv nonr	network telev	vision proa	ram
Statement and	broadcast by a distant sta				o.o, a.i.j i.o.ii		YES	XNO
Program Log								
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comple	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			ate line. I lse abbreviations	wherever n	ossible if the	air meaning	n ie
	clear. If you need more spa						in meaning	y 13
	Column 1: Give the title	of every no	onnetwork telev	/ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."		er "Yes." Otherwise enter "			,	
	Column 3: Give the call	sign of the	station broadc	asting the substitute progr	am.			
	Column 4: Give the broat the case of Mexican or Car			he community to which the			e FCC or,	in
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 giv	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program can	led by a system from 6:01	: 15 p.m. to b	.26:30 p.m.	snould be	
		er "R" if the	listed progran	n was substituted for prog	ramming that	your system	n was <i>requ</i>	ired
	to delete under FCC rules a							ogram
	was substituted for program effect on October 19, 1976.	• •	your system wa	as permitted to delete und	ler FCC rules	and regulat	ions in	
		•						1
	SI	UBSTITUT			WHE	N SUBSTIT	UTE	
		1	E PROGRAM		CARRI	AGE OCCU	IRRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION			IRRED MES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	IRRED MES	

Accounting Period:	2024/2 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.	,175.00
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 \$ 223,175.00	
	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)	912.75
	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	912.75
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 912.75	
Due	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	932.75
	EFT Trace # or TRANSACTION ID # 13432524	
	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.	

M CHANNELS Instructions: 'So must give (1) the number of channels on which the cable system carried belowision broadcast stations to be auto-system's boilt number of activited channels during the accounting period. 26 I. Enter the total number of channels on which the cable system carried belowision broadcast stations which the cable system carried belowision broadcast stations. 231 N Instructions: Shirley Manning 231 Individual to BS Contracted to the statement of account.) BNEEDED (durintly an instructual to whom we can account actoult stations instructual to whom we can account actoult bits diament of account.) 231 N Individual to BS Shirley Manning Telephone 207 563-9911 Information Actress Lincontriville Communications, Inc. PO Box 179 Mannessense active devision broadcast stations and account.) Fast (optonel) Contracted Certification - 1, the undersigned, hereby certify that (Check are build and account instructuations when the cable system as identified in line 1 of space B; or O Certification - 1, the undersigned, hereby certify that (Check are build and account or partnership) I am the dup submership of the cable system as identified in line 1 of space B; or Image: Contracted Certification - 1, the undersigned, hereby certify that (Check are build and capace and account on partnership) I am the dup submership of the cable system as identified and in the oppose B; or	ccounting Period: 2	2024/2																										FOR	M SA′	-2E.	PAG	ЭE 7.
M Instruction:: You must pixe (1) the number of channels on which the cable system carried television broadcast stations is a suitable system is liad number of advolded dnamesh, during the accounting period. 1: Enter the total number of channels on which the cable																													S			ID# 347
on which the cable system carried television becadcast stations 231 N Individual to be CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Individual to be CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Nome Shirley Manning Telephone 207 563-9911 Address Lincolnville Communications, inc. PO Box 179 Number difference Notheboro, ME 04555-0179 Obsteboro, ME 04555-0179 Notheboro, ME 04555-0179 Obsteboro, ME 04555-0179 Notheboro, ME 04555-0179 Office or patheness of account must be certified and signed in accordance with Copyright Office regulations) • 1. he undersigned, hereby certify that (Check one, but only one , of the boxes.) • 0 • 1. he undersigned, hereby certify that (Check one, but only one , of the boxes.) • 0 • 1. he undersigned, hereby certify that (Check one, but only one , of the boxes.) • 1. here statement of account and be comparation or partnership) I am the oanier of the cable system as identified as concer of the cable system in in the 1 of space B, or • 1. here statement of account and hereby deciting on partnership) I am the day subhordoad agent of the cable system as identified in line 1 of space B. • 1. here statement of account and hereby decita must be parephy disaw that al statements of fact contained herein are the t		Instructions: Yo to its subscribers 1. Enter the total	s, and (2) the cable system's number of channels on whic	total num ch the cab	imber able	ber o	r of	f acti	tivat	ated	d cha	annel	s du	iring	the a	acco	oun	ntin	g pe	eriod.		ation	s				20	6]
Individual to Be Contacted for Further information Name Shirley Manning Telephone 207 563-9911 Address Lincolonville Communications, Inc. PO Box 173 Under construct approximation or partnership Manuer Modelson, ME 04555-0179 Control 100 (Check one, but of 4555-0179) Control Certification Fax (optional) Final Fax (optional) Control Certification - 1 the undersigned, hereby certify that (Check one, but only one, of the boxes.) O - 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) - 0 (Owner other than corporation or partnership) I am the outrer of the cable system as identified in line 1 of space B; or - 0 (Officer or partner) i am an officer (if a comporation or partnership) I am the duly authorized agent of the conter of the cable system as identified in line 1 of space B; or - 1 have examined the statement of account must be compation or partnership) of the legal entity identified as source of the cable system in the 'of space B; - 1 have examined the statement of account and harder y duals underse parathy of law that all statement; into or space and or motel to the best of my knowledge, information, and bellet and are made in good faith. 18 U.S.C., Section 1001(1959) X /s/ Cathy Pelletier Typed or printed name: Cathy Pelletier Typed or printed name: Cathy Pelletier		on which the ca	able system carried television	n broadca																							23	81				
Information Address Lincolnville Communications, Inc. PO Box 179 Nobleboro, ME 04555-0179 Nobleboro, ME 04555-0179 (Cey, Ixon, state, zip) Email Fax (optional) Email Fax (optional) 0 Certification • 1, the undersigned, hereby certify that (Check one <i>but only one</i> , of the boxes.) 0 • 1, the undersigned, hereby certify that (Check one <i>but only one</i> , of the boxes.) 1 (Option other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or 1 (Option other than corporation or partnership) I am the owner of the cable system as identified a owner of the cable system as identified in line 1 of space B; or 1 (Option other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or 1 (Option of partnership) I am an officer (If a corporation) or a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. 1 (Pare exploretor) I am an officer (If a corporation) or a partnership) of law that all statements of fact contained herein are true, complete, and correct to the test of my knowledge, information, and belief, and are made in good faith. [If U.S.C. Section 1001(1980)] It have exploretee the statement of account and hereby declare under partnership of the satement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) It have exploretee the sta	Individual to				FORM	RM	MA	ΑΤΙΟ	I NC	IS I	NEE	EDED	(Ide	entify	y an i	indiv	vidu	ual	to v	whom	1											
Interesting the statement of account must be certified and signed in accordance with Copyright Office regulations) Certification		Name	Shirley Manning																		Tele	phor	ne 2	07 5	63-	991	1					
O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or • (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (18 U.S.C., Section 1001(1988)) K /s/ Cathy Pelletier Typed or printed name: Cathy Pelletier Typed or printed name: Cathy Pelletier Title: Vice President Title: Vice President		Address	(Number, street, rural route, apart Nobleboro, ME 0455	rtment, or su	suite n	ns, te nu	s, I num	Inc.))	°O	Bo	ox 1'	79																			
O Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Over other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or O (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or O (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership; or I line 1 of space B • have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (18 U.S.C., Section 1001(1996)) Example D in the 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 Title: Vice President Title: Vice President Other of other or partner held in corporation or partnership)		Email														F	Fax	x (o	optio	onal)												
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 (Title of official position held in corporation or partnership)	0	I, the undersigned (Owner (Agent in li X (Office in li I have examined are true, complete	ed, hereby certify that (Check r other than corporation or p c of owner other than corpor ine 1 of space B and that the of er or partner) I am an officer ine 1 of space B. d the statement of account and e, and correct to the best of m	one, <i>but of</i> partnersh ration or p owner is n (if a corpo d hereby d	t only o ship) r part s not a poration y decla	ip) ip) artn ot a (ration	rond) I a rtne a co tion	ne, o am th ershi corpo n) or re und	of the c the c orati	owr I ar tion parti	ner of m th n or p tner	es.) of the ne dul partne (if a p ty of la	cab y au ershi artn	le sy thori ip; of ersh	/stem ized a r iip) of all sta	n as ager f the	ide nt o e leç	entif of th gal	fied ne or enti	in lin wner ity ide ct cor	e 1 o of th entifie	f spa e cab ed as	ce B; ble sy own	stem				em				
Title: Vice President (Title of official position held in corporation or partnership)				Enter an Enter sig	an eleo signati	elect natur	ectre ture	ronic e usi	c sig ing a	gnat an '	ture "/s/	on th signat	e lin							atem	ent.		_									
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Date: 2/25/25			Date:															2	2/25	5/25												

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.

		i ype text nere	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE S	/STEM:		SYSTEM ID
ncolnville Communications	, Inc.		35347
SPECIAL STATEMENT C The Satellite Home Viewer Act of lowing sentence: "In determining the total r service of providing seco scribers and amounts col For more information on when to located in the paper SA1-2 form During the accounting period, di made by satellite carriers to sate X NO	ONCERNING GROSS RECEIPTS EXCLUSI f 1988 amended Title 17, section 111(d)(1)(A), of the number of subscribers and the gross amounts paid to t ndary transmissions of primary broadcast transmitters lected from subscribers receiving secondary transmiss o exclude these amounts, see the note on page (vii) of d the cable system exclude any amounts of gross rece	Copyright Act by adding the fol- the cable system for the basic , the system shall not include sub- sions pursuant to section 119." The general instructions sipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST ASSESSMENT			
You must complete this workshe For an explanation of interest as	et for those royalty payments submitted as a result of sessment, see page (viii) of the general instructions lo	ocated in the paper SA1-2 form.	Q Interest Assessment
You must complete this workshe For an explanation of interest as Line 1 Enter the amount of late	et for those royalty payments submitted as a result of	x	Q Interest Assessment
You must complete this workshe For an explanation of interest as Line 1 Enter the amount of late Line 2 Multiply line 1 by the inte	et for those royalty payments submitted as a result of sessment, see page (viii) of the general instructions lo payment or underpayment	x days	Q Interest Assessment
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