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	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	01/22/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING 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.	14523
		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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(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 sufficiency of the fling, a determination that would be made by a court of law.

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

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1	TEM I
Name	Moosehead Enterprises						010	145
	Mooseneau Enterprises							
Е	SECONDARY TRANSMISSION			-				
L	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including p							
ransmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both							
scribers and	down by categories of secondary							
Rates	each category by counting the ne separately for the particular serv						charged	
	Rate: Give the standard rate c						e and the	
	unit in which it is generally billed							
	category, but do not include disc	ounts allowed f	for advance payment.					
	Block 1: In the left-hand block							
	systems most commonly provide that applies to your system. Note							
	categories, that person or entity							
	subscriber who pays extra for ca							
	first set" and would be counted o	once again unde	er "Service to additiona	l set(s)."				
	Block 2: If your cable system	-	•					
	printed in block 1 (for example, t with the number of subscribers a							
	sufficient.	ind rates, in the	right-hand block. A tw	0- of thee				
	BLO	DCK 1				BLOCK		•
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	449	61.95					
	Service to first set							
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RATES	6				
F	In General: Space F calls for rat	•	,	•	• •			
I	not covered in space E, that is, t							
Services	service for a single fee. There ar furnished at cost or (2) services	•		•		• • • •		
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the				-		-	
ansmissions: Rates	Block 1: Give the standard rat						woro not	
Rates	Block 2: List any services that listed in block 1 and for which a							
	brief (two- or three-word) descrip							
		BLOO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE		CATEGORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installation: Non-res	dential				
	Pay cable		 Motel, hotel 		39.95			
	 Pay cable—add'l channel 		 Commercial 		39.95			
	Fire protection		 Pay cable 					
	 Burglar protection 		 Pay cable-add'l ch 	annel				
	Installation: Residential		 Fire protection 					
	• First set	39.95	 Burglar protection 					
	• • • • • • • • • • • • • • • • • • •	39.95	Other services:					
	 Additional set(s) 					1		
	 Additional set(s) FM radio (if separate rate) 		Reconnect		39.95			
	.,		ReconnectDisconnect		39.95			
	• FM radio (if separate rate)				39.95 39.95			

				OVETEM I
lame	LEGAL NAME OF OWNER OF			SYSTEM II 1452
	Moosehead Enterpris			
G smitters: evision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e 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> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channed of license. For example, W Column 3: Indicate in each educational station, by enter (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 d with a station according to its over-the	et (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instructi 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 or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	ime basis under ims [sections itions carried on a postitute program Log)—if the pon some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WLBZ	2	N	BANGOR, ME
	WABI	5	N	BANGOR, ME
	••••	-		
ecessary	WVII	7	Ν	BANGOR, ME
ecessary	WVII WFVX	7 7.2	N N-M	
ecessary				BANGOR, ME
ecessary	WFVX	7.2	N-M	BANGOR, ME BANGOR, ME
≥cessary	WFVX WMEB	7.2 12	N-M E	BANGOR, ME BANGOR, ME ORONO, ME
ecessary	WFVX WMEB WABI 2	7.2 12 5.2	N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME
ecessary	WFVX WMEB WABI 2 WSBK	7.2 12 5.2 38	N-M E N-M I	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME BOSTON, MA
lecessary	WFVX WMEB WABI 2 WSBK WLBZ 2	7.2 12 5.2 38 2.2	N-M E N-M I N-M	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME BOSTON, MA BANGOR, ME
Necessary	WFVX WMEB WABI 2 WSBK WLBZ 2 WMEB 2	7.2 12 5.2 38 2.2 12.2	N-M E N-M I N-M E-M	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME BOSTON, MA BANGOR, ME ORONO, ME
Necessary	WFVX WMEB WABI 2 WSBK WLBZ 2 WMEB 2 WMEB 3	7.2 12 5.2 38 2.2 12.2 12.3	N-M E N-M I N-M E-M E-M	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME BOSTON, MA BANGOR, ME ORONO, ME ORONO, ME
5 Necessary	WFVX WMEB WABI 2 WSBK WLBZ 2 WMEB 2 WMEB 3 WMEB 4	7.2 12 5.2 38 2.2 12.2 12.3 12.4	N-M E N-M I N-M E-M E-M E-M	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME BOSTON, MA BANGOR, ME ORONO, ME ORONO, ME
s Necessary	WFVX WMEB WABI 2 WSBK WLBZ 2 WMEB 2 WMEB 3 WMEB 4	7.2 12 5.2 38 2.2 12.2 12.3 12.4	N-M E N-M I N-M E-M E-M E-M	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME BOSTON, MA BANGOR, ME ORONO, ME ORONO, ME
as Necessary	WFVX WMEB WABI 2 WSBK WLBZ 2 WMEB 2 WMEB 3 WMEB 4	7.2 12 5.2 38 2.2 12.2 12.3 12.4	N-M E N-M I N-M E-M E-M E-M	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME BOSTON, MA BANGOR, ME ORONO, ME ORONO, ME
as Necessary	WFVX WMEB WABI 2 WSBK WLBZ 2 WMEB 2 WMEB 3 WMEB 4	7.2 12 5.2 38 2.2 12.2 12.3 12.4	N-M E N-M I N-M E-M E-M E-M	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME BOSTON, MA BANGOR, ME ORONO, ME ORONO, ME
is Necessary	WFVX WMEB WABI 2 WSBK WLBZ 2 WMEB 2 WMEB 3 WMEB 4	7.2 12 5.2 38 2.2 12.2 12.3 12.4	N-M E N-M I N-M E-M E-M E-M	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME BOSTON, MA BANGOR, ME ORONO, ME ORONO, ME
as Necessary	WFVX WMEB WABI 2 WSBK WLBZ 2 WMEB 2 WMEB 3 WMEB 4	7.2 12 5.2 38 2.2 12.2 12.3 12.4	N-M E N-M I N-M E-M E-M E-M	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME BOSTON, MA BANGOR, ME ORONO, ME ORONO, ME
as Necessary	WFVX WMEB WABI 2 WSBK WLBZ 2 WMEB 2 WMEB 3 WMEB 4	7.2 12 5.2 38 2.2 12.2 12.3 12.4	N-M E N-M I N-M E-M E-M E-M	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME BOSTON, MA BANGOR, ME ORONO, ME ORONO, ME
as Necessary	WFVX WMEB WABI 2 WSBK WLBZ 2 WMEB 2 WMEB 3 WMEB 4	7.2 12 5.2 38 2.2 12.2 12.3 12.4	N-M E N-M I N-M E-M E-M E-M	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME BOSTON, MA BANGOR, ME ORONO, ME ORONO, ME
as Necessary	WFVX WMEB WABI 2 WSBK WLBZ 2 WMEB 2 WMEB 3 WMEB 4	7.2 12 5.2 38 2.2 12.2 12.3 12.4	N-M E N-M I N-M E-M E-M E-M	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME BOSTON, MA BANGOR, ME ORONO, ME ORONO, ME
as Necessary	WFVX WMEB WABI 2 WSBK WLBZ 2 WMEB 2 WMEB 3 WMEB 4	7.2 12 5.2 38 2.2 12.2 12.3 12.4	N-M E N-M I N-M E-M E-M E-M	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME BOSTON, MA BANGOR, ME ORONO, ME ORONO, ME

Accounting F							FORM	A SA1-2E. PAGE 4
			/STEM:					SYSTEM ID#
Moosehead	Enterprise	s inc						14523
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein the co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM anto this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
WTOS	ME	D	SKOWHEGAN, ME					
						L		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Moosehead Enterprise	es Inc						14523
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, ident substitute basis during the a	ify every noi	nnetwork televis	sion program, broadcast by	a distant stati			
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televisio	n program	1
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Frogram Log	Note: If your anowar is "No	" loovo tho	root of this pas	a blank. If your anowar is "		unt complete th	-	
	Note: If your answer is "No	, leave the	rest of this pag	je blank. If your answer is	res, you mu	ist complete tr	ie prograr	n
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their m	neaning is	
	clear. If you need more spa						louning io	
				ision program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample. "I Love	Lucv [®] or	1.
	"NBA Basketball: 76ers vs.						,	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		need by the Fi	CC or in	
	the case of Mexican or Can						00 01, 11	
	Column 5: Give the mor	nth and day		tem carried the substitute			h the mor	nth
	first. Example: for May 7 giv					1 1 - 4 4 4		L .
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."	Example. a	i program cam		10 p.m. to 0.2	0.00 p.m. 310		
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	r FCC rules a	nd regulations	5 IN	
								I
				1		N SUBSTITU		7. REASON FOR
		UBSTITUT 2. LIVE?	E PROGRAM		5. MONTH	AGE OCCUF 6. TIM	RRED ES	7. REASON FOR DELETION
	s	UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCCUF	RRED	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1

Accounting Period:	2018/2 FORM SA1-2	2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	STEM ID#
Name	Moosehead Enterprises Inc	14523
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.	30.46 receipts)
	COPYRIGHT ROYALTY FEE	
L 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-mon	
	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
		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 \$ 142,430.46	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 142,430.46	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
		05.30
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	05.30
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 105.30	
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 \$ 1	25.30
	EFT Trace # or TRANSACTION ID # 75662564430	
	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:	2018/2				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: nterprises Inc			SYSTEM ID# 14523
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on v rs, and (2) the cable system's total number of al number of channels on which the cable d television broadcast stations	activated channels during the acco	ounting period.	12 39
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMA about this statement of account.)	FION IS NEEDED (Identify an indiv	ridual to whom	
for Further Information	Name	Earl Richardson		Telephone 20	07 695 3337
	Address	PO Box 526 (Number, street, rural route, apartment, or suite num Greenville ME 04441 (City, town, state, zip)	ber)		
	Email	mooseheadtv@gwi.net		Fax (optional)	
O	I, the undersig (Ow (Age X (Off I have examin are true, complete	Enter an electr Enter signature	of the boxes.) In the owner of the cable system as in ship) I am the duly authorized agent rporation or partnership; or or a partner (if a partnership) of the le under penalty of law that all statemer	dentified in line 1 of space B; or of the owner of the cable syste egal entity identified as owner o its of fact contained herein good faith.	em as identified
		Title: President			
		(Title of official position held	in corporation or partnership)	01/22/2019	

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 the 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 telephon 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

ounting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
osehead Enterprises Inc	1452
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name 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.	0
	<u>v</u>
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	
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