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 ACCOUN	FOR COPYRIG	GHT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ems (Short Form) uctions are located o of this workbook	07/30/2019	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD C	OVERED BY THIS STATEMENT: (Y	'YYY/(Period))	
	2019/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (option	al - see instructions)	
Period				
В	Instructions: Give the full legal name of t of the subsidiary, not that o	e owner of the cable system. If the owner is a sub- the parent corporation.	sidiary of another corporation, give the full c	orporate title
Owner	List any other name or nam	s under which the owner conducts the business of	the cable system.	
		rs during the accounting period, only the owner on and royalty fee payment covering the entire account		submit a
	Check here if this is the syst	m's first filing. If not, enter the system's ID number	r assigned by the Licensing Division.	485
	LEGAL NAME OF OWN	ER/MAILING ADDRESS OF CABLE SYSTEM	Λ	
	Managhand Estamaian			
	Moosehead Enterprises	INC OWNER OF CABLE SYSTEM (IF DIFFEREN'	T)	
	BUSINESS NAME(S) OF	OWNER OF CABLE STSTEM (IF DIFFEREN	1)	
	MAILING ADDRESS OF	OWNER OF CABLE SYSTEM		
	PO Box 526			
	(Number, street, rural route, apa Greenville ME 04 (City, town, state, zip)			
		e any business or trade names used to ide	entify the business and operation of th	ne system unless these
1 -		e B. In line 2, give the mailing address of t		
С				
System	1 IDENTIFICATION OF CABL	E SYSTEM:		
	1 IDENTIFICATION OF CABL MAILING ADDRESS OF CA			
	1	BLE SYSTEM:		
	1 MAILING ADDRESS OF CA	BLE SYSTEM:		

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 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.

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 know 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 city.         First Community       CITY OR TOWN       STATE         Bingham       ME	Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
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 know 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 city.         First Community       CITY OR TOWN       STATE         Bingham       ME	Name	Moosehead Enterprises Inc	48
Area Served     identified city.       First Community     CITY OR TOWN       State       Bingham	D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated 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.	nity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single, list will serve as a form of system identification hereafter know
Served     Identified city.       First     CITY OR TOWN     STATE       Community     Bingham     ME	Area		e home parks should be reported in parentheses below the
First Community Bingham ME		identified city.	
Community Bingham ME		CITY OR TOWN	STATE
	First Community		
		Bingham	ME
	d Rows as Necessary		
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	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1	TEM ID
Name	Moosehead Enterprises						010	48
Е	SECONDARY TRANSMISSION In General: The information in s				idary transmission	service of	the cable	
	system, that is, the retransmission	•		-	•			
Secondary	about other services (including p					those exist	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	·				able system	brokon	
scribers and	down by categories of secondar	•						
Rates	each category by counting the n	,	0					
	separately for the particular serv							
	Rate: Give the standard rate of unit in which it is generally billed							
	category, but do not include disc					ns within a	particular rate	
	Block 1: In the left-hand block				secondary transm	ission servi	ce that cable	
	systems most commonly provide						0,	
	that applies to your system. Not			-	-			
	categories, that person or entity subscriber who pays extra for ca				• •	• •		
	first set" and would be counted of							
	Block 2: If your cable system					e different f	rom those	
	printed in block 1 (for example, t							
	with the number of subscribers a sufficient.	and rates, in the	e right-hand	olock. A two- or t	three-word descrip	otion of the s	service is	
		OCK 1				BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		ATE C	ATEGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	CODOCINID		, (12 0,			OODOORIDEIRO	1011
	Service to first set		182	61.95				
	<ul> <li>Service to additional set(s)</li> </ul>							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSION	IS: RATES				
F	In General: Space F calls for ra							
Г	not covered in space E, that is, t				,	,		
Services	service for a single fee. There as furnished at cost or (2) services		,	0		0.	,	
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the							
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that						were not	
Rates	listed in block 1 and for which a							
	brief (two- or three-word) descrip	otion and inclue	le the rate fo	r each.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY	OF SERVICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installation	Non-residentia	al			
	• Pay cable		<ul> <li>Motel, he</li> </ul>	otel	39.95			
	<ul> <li>Pay cable—add'l channel</li> </ul>		Commer		39.95			
	Fire protection		• Pay cab					
	•Burglar protection		•	e-add'l channel				
	Installation: Residential		<ul> <li>Fire prot</li> </ul>					
	• First set	39.95	• Burglar p					
		39.95	Other servi	ces:				
	• Additional set(s)		<b>_</b>	-4				Ι
	• FM radio (if separate rate)		Reconne		39.95			
			• Disconn	ect				
	• FM radio (if separate rate)		• Disconne • Outlet re	ect	39.95 39.95 39.95			

ccounting Period: 2	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Moosehead Enterpris			485
	PRIMARY TRANSMITTERS:	TELEVISION		
<b>G</b> Primary	carried by your cable syster FCC rules and regulations i	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-t he carriage of certain network progra	ime basis under ams [sections
Transmitters: Television	substitute program basis, as Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations c		
		Iles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis.	he Special Statement and Program I	_og)—if the
	basis. For further informatio <b>Column 1:</b> List each station	also in space I, if the station was carrie in concerning substitute basis stations n's call sign. <i>Do not</i> report origination	, see page (v) of the general instructi program services such as HBO, ESF	ons. N, etc. Identify each
	"WETA-2" as the same on t	I with a station according to its over-the he form. el number the FCC assigned to the tele		
	Column 3: Indicate in each	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	, , , , , , , , , , , , , , , , , , , ,	
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	"E" (for noncommercial educational), « "rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education actions in the paper SA1-2 form. It the community to which the station	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	Ν	BANGOR, ME
Rows as Necessary	wvii	7	Ν	BANGOR, ME
	WFVX	7.2	N-M	BANGOR, ME
	WCBB	10	E	LEWISTON, ME
	WABI-2	5.2	N-M	BANGOR, ME
	WCSH-2	6.2	N-M	PORTLAND, ME
	WCBB-2	10.2	E-M	LEWISTON, ME
	WSBK	38	I	BOSTON, MA
	WABI-3	5.3	N-M	BANGOR, ME
	WCBB 3	10.3	E-M	LEWISTON, ME
	WCBB 4	10.4	E-M	LEWISTON, ME

LEGAL NAME O			ISTEM:					SYSTEM I 4
	st every radio	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C	) it is carried b monitoring, to formation about mm. dentify the cal State whether f the radio star this by placin Give the statio	by the system be receipted to be receipted the static tion's sig g a check n's locati	II-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the pyright 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	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				GALL SIGN		3/0	LOCATION OF STATION	
VTOS	FM	<u>D</u>	SKOWHEGAN, ME					
							·	
							·	
		-1	· · · · · · · · · · · · · · · · · · ·				·	
						·		

Accounting Perio	od: 2019/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Moosehead Enterprise	es Inc						485
	SUBSTITUTE CARRIAG				G			
1					-	tion that you		tom carried on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					no gonorar in			
Special	1. SPECIAL STATEMEN							
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did yoi	ur cable syster	n carry, on a substitute ba	sis, any noni	network telev	ision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo tha	roct of this pr	ao blank. If your answor i	"Voc" vou	must complet	to the proc	
	Note: If your answer is "No	, leave life	rest of this pa	ige blank. If your answer is	s res, your	nust comple	le lite prog	Jiani
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa					la a 4 al anni a a 41a	4	·
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.					,	010 200)	
	Column 2: If the program	n was broa	dcast live, ent	er "Yes." Otherwise enter '	'No."			
				asting the substitute prog				
				the community to which th			e FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth
	first. Example: for May 7 gi		o oubotituto pr	ogram was carried by you	r ophie avete	m list the tir		atoly
	to the nearest five minutes.							atery
	stated as "6:00-6:30 p.m."		a program can		. 10 p.m. to c			
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your system	n was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for prograr	nming that	your system w	as permitted to delete und	ler FCC rules	s and regulat	ons in	-
	effect on October 19, 1976							
						N SUBSTIT		
	S		E PROGRAM			AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		222211011
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- TO	
						_		
						_		
					·			
						_		
					·			
						_		

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Moosehead Enterprises Inc		485
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans: (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, se	,494.23
_	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 1.</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$263,80(	
	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 \$ 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)		
	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)	
	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	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 #	[	
	Important: 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 more		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Moosehead Enterprises Inc	SYSTEM ID# 485
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	12 39
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Name       EARL RICHARDSON	07-695-3337
Information	Address     PO Box 526 (Number, street, rural route, apartment, or suite number)       Greenville     ME 04441 (City, town, state, zip)       Email     mooseheadtv@gwi.net     Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>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(1986)]</li> </ul>	stem as identified
	Image: Second system       X       "/s/ Earl Richardson"         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:       Earl Richardson         Title:       President         (Title of official position held in corporation or partnership)         Date:       07/30/19	

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Dunting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
osehead Enterprises Inc	48
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
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.	0
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	Interest Assessmen
	Interest Assessmen
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	Interest Assessmen
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