This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY						
AMOUNT						
\$ ALLOCATION NUMBER						

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (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						
	BEE LINE INC						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	PO BOX 2276 (Number, street, rural route, apartment, or suite number)						
	SKOWHEGAN ME 04976 (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	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
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 Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Accounting Period:	2021/2								
	T	FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	BEE LINE INC	3295							
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated cunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN	STATE							
First	FARMINGTON	ME							
Community	WILTON	ME							
	INDUSTRY	ME							
Add Rows as Necessary									

Accounting Period: 2021/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3295

BEE LINE INC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

OCK 1		BLOCK	< 2	
NO. OF			NO. OF	
SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
999	41.58			
921	N/C			
7	116.38			
7	80.60			
	999 921 7	NO. OF SUBSCRIBERS RATE 999 41.58 921 N/C 7 116.38 7 80.60	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 999 41.58 921 N/C 7 116.38 7 80.60	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 999

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel	20.00		
 Pay cable—add'l channel 		Commercial	20.00		
Fire protection		• Pay cable	20.00		
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	20.00	Burglar protection			
Additional set(s)	20.00	Other services:			
• FM radio (if separate rate)		Reconnect	20.00		
Converter		Disconnect			
		Outlet relocation	20.00		
		Move to new address	20.00		

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

BEE LINE INC

SYSTEM ID#

3295

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WCSH	6	N	PORTLAND ME
WCSH-2	6.2	N-M	PORTLAND ME
WCSH-3	6.3	N-M	PORTLAND ME
WCSH-4	6.4	N-M	PORTLAND ME
WPFO	23	N	PORTLAND ME
WPFO-2	23.2	N-M	PORTLAND ME
WPFO-3	23.3	N-M	PORTLAND ME
WSBK	21	N	BOSTON MA
WABI	13	N	BANGOR ME
WABI-2	13.2	N-M	BANGOR ME
WABI-3	13.3	N-M	BANGOR ME
WVII	7	N	BANGOR ME
WVII-2	7.2	N-M	BANGOR ME
WMTW	8	N	POLAND SPRINGS ME
WMTW-2	8.1	N-M	POLAND SPRINGS ME
WMTW-3	8.2	N-M	POLAND SPRINGS ME
WMEB	25	E	AUGUSTA ME
WMEB-2	25.2	E-M	AUGUSTA ME
WMEB-3	25.3	E-M	AUGUSTA ME
WMEB-4	25.4	E-M	AUGUSTA ME
WGME	38	N	PORTLAND ME
WGME2	38.1	N-M	PORTLAND ME
WGME-3	38.2	N-M	PORTLAND ME

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

BEE LINE INC 3295

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

	1			T	T		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						 	
						 	
							
							
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U.S. Copyright Office

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Accounting Perio										
Name	BEE LINE INC	CABLE SYSTI	EM: 							SYSTEM ID#
	SUBSTITUTE CARRIAGE	: SPECIAI	_ STATEMEN	T AND PROGRAM LO						
Substitute	In General: In space I, identifing substitute basis during the acceptanation of the programmi	fy every nonecounting pe	network televisi riod, under spe	on program, broadcast b	/ a <i>dist</i> a CC rule	es, regula	ations, or a	uthoriz	ations. F	or a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE						
Special	During the accounting peri				sis an	v nonnet	work telev	ision r	orogram	
Statement and	broadcast by a distant stat	•	cable cyclem	ourry, orra ouboutate be	ioio, ari	iy 110111101	WOIN TOICE			V
Program Log	,		raat of this was	a blank If your anawari	- "V	"	et commis		YES	
	Note: If your answer is "No, log in block 2.	leave the i	rest of this pag	e blank. If your answer i	s res,	, you mu	ist comple	te tne	progran	n
	2. LOG OF SUBSTITUTE	PROGRAI	MS.							
	In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, region to use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call secolumn 4: Give the broat the case of Mexican or Canal secolumn 4: Give the broat the case of Mexican or Canal secolumn 4: Give the broat the case of Mexican or Canal secolumn 4: Give the broat the case of Mexican or Canal second for the case of th	itute prograi ce, please a of every nor distant static gulations, or es like "mov Bulls." n was broad sign of the s dcast statio	m on a separated additional representation and that you authorizations vies" or "baske cast live, enter tation broadcan's location (the	ows to the tables. sion program ("substitut ur cable system substitut s. See page (v) of the ge tball." List specific progr "Yes." Otherwise enter sting the substitute prog e community to which th	e progr ted for neral ir am title "No." ram. ie statio	ram") tha the prog nstruction es, for ex-	it, during the ramming cons for furth ample, "I L	ne acc of anot er info ove Li	counting ther stati ormation ucy" or	
	Column 5: Give the mon							, with 1	the mon	th
	first. Example: for May 7 giv	e "5/7."	, ,							
	Column 6: State the time		. ,	, , ,		•				у
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:0	1:15 p.i	m. to 6:2	8:30 p.m.	should	d be	
	Column 7: Enter the lette	er "R" if the I	isted program	was substituted for prog	rammi	ng that y	our systen	ı was	required	d
	to delete under FCC rules a									am
	was substituted for program	ming that yo	our system wa	s permitted to delete und	der FC	C rules a	ind regulat	ions ir	1	
	effect on October 19, 1976.									
							N SUBST	_		
	S	UBSTITUT	E PROGRAM		_	CARRI	IAGE OCC			7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	1 1	MONTH ND DAY	FROM	TIMES	TO	
								_		
-										

Accounting Period: 2	2021/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BEE LINE INC		;	3295
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's see (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transmi compute this a	ssion service mount, see	9,106.00 ross receipts)
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 that Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information.		63,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that yo accounting period is \$52.00. Line 1. Royalty fee for accounting period		is six-month	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 2 TOTAL POVALTY FFF DAVABLE FOR ACCOUNTING BERIOD, Add lines 4 and 2			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2.			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	249,106.00		
	3. Subtract line 2 from line 1	14,694.00		
	4. Enter the amount of gross receipts from space K	. \$ 2	49,106.00	
	5. Enter the amount from line 3		14,694.00	
	6. Subtract line 5 from line 4	\$ 2	234,412.00	
	7. Multiply line 6 by .005 (enter figure here)		\$	1,172.06
	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		\$	1,172.06
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527,	600)	
	1. Enter the amount of gross receipts from anges V			
	Enter the amount of gross receipts from space K	262 000 00		
	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		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			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	. \$	1,172.06	
Due	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		\$	1,192.06
	EFT Trace # or TRANSACTION ID #			
	Important: Your remittance must be in the form of an electronic payment payable See page i of the general instructions in the paper SA1-2 form and the Excel instru			

Accounting Period:	021/2 FORM SA1-2E.	PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BEE LINE INC	TEM ID# 3295
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	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name JAMES DUNSTAN-MOBIUS LEGAL GROUP PLLC Telephone 703-851-2843	
	Address PO BOX 6104 (Number, street, rural route, apartment, or suite number) SPRINGFIELD VA 22150	
	(City, town, state, zip) Email jdunstan@mobiuslegal.com Fax (optional	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, 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	
	X (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(1986)] 	
	X /s/ George C Allen	
	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: GEORGE C ALLEN	
	Title: GM/VP (Title of official position held in corporation or partnership)	
	Date: 2/7/2022	

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counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
E LINE INC	3295
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."	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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	4
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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.	Q
To all explanation of interest assessment, see page (viii) of the general instructions located in the paper of the paper.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274	
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	<u></u>
First community served	
Accounting period	.

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