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 by email to
	ENT OF ACCOUNT	FOR COPTRI	GHT OFFICE USE ONLY	
	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
	ms (Short Form)	02/09/22	\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab	of this workbook.		ALLOCATION NUMBER	(202) 707-8150.
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YY	'YY/(Period))	
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner o subsidiary, not that of the parent corpo		iary of another corporation, give the full corporat	te title of the
Owner	List any other name or names under wh	nich the owner conducts the business of th	e cable system.	
	-	he accounting period, only the owner on t ayment covering the entire accounting per	he last day of the accounting period should subm riod.	it a single
	Check here if this is the system's first fil	ling. If not, enter the system's ID number a	assigned by the Licensing Division.	3296
		NG ADDRESS OF CABLE SYSTEM		
	BEE LINE INC	NG ADDRESS OF CABLE STSTEM		
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERENT		
	MAILING ADDRESS OF OWNER O	OF CABLE SYSTEM		

		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)
С	INSTR names	CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	BEE LINE INC	32
D	Instructions: List each separate community served by the cable system. A "con separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings.	nmunity" is the same as a "community unit" as defined in FCC rules: " I communities within unincorporated areas and including single, discr ill serve as a form of system identification hereafter known as the "fir
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo city.	obile home parks should be reported in parentheses below the identi
_		STATE
First Community	MILLINOCKET EAST MILLINOCKET	ME ME
,		
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1-	TEM II
Name	BEE LINE INC	ADEE OT OT EM.						010	329
Е	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmission	•		•					
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv							-	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				y stanua		s within a		
	Block 1: In the left-hand block	•		•		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to	additiona	al sets would be	included		•		
	first set" and would be counted of Block 2: If your cable system					convice that are	different	from these	
	printed in block 1 (for example, t	Ű							
	with the number of subscribers a								
	sufficient.	0014					DI 00	(0	
	BLO	OCK 1 NO. OF					BLOCI	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		824	40.29					
	Service to additional set(s)		1,337	N/C					
	• FM radio (if separate rate)			440.20					
	Motel, hotel Commercial		7	116.38 80.60					
	Converter		···· '	00.00					
	Residential								
	Non-residential								
				······					
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rain not covered in space E, that is, t		'		•				
•	service for a single fee. There a					-	-		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any rat	es are ch	arged on a vari	able per-p	rogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	e system for eac	h of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a brief (two- or three-word) descrip				hed. List	these other serv	vices in th	e form of a	
							1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RA
	• Pay cable	PP		el, hotel	lonnai	20.00			
	• Pay cable—add'l channel			nmercial		20.00			
	Fire protection		• Pay	cable		20.00			
	•Burglar protection		• Pay	cable-add'l cha	nnel				
	Installation: Residential		• Fire	protection					
	• First set	20.00	• Bur	glar protection					
	Additional set(s)	20.00		ervices:					
	• FM radio (if separate rate)			connect		20.00			
	Converter		• Disc	connect					
			~						
				let relocation ve to new addre	~~	20.00			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
Name	BEE LINE INC			:
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary smitters: evision	FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, WC Column 3: Indicate in each (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried I on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	carriage of certain network progr. (e)(2) and (4))]; and (2) certain sta ried by your cable system on a su special Statement and Program both on a substitute basis and also ee page (v) of the general instruct ogram services such as HBO, ESI air designation. For example, repo- sion station for broadcasting over ation, an independent station, or a for network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station	ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WLBZ	2	N	BANGOR ME
	WLBZ-2	2.2	N-M	BANGOR ME
vs as Necessary	WLBZ-3	2.3	N-M	BANGOR ME
	WSBK	21	I	BOSTON MA
	WABI	13	N	BANGOR ME
				BARGOR
	WABI-2	13.2	N-M	BANGOR ME
	WABI-2 WABI-3		N-M N-M	
		13.2 13.3 7		BANGOR ME
	WABI-3	13.3	N-M	BANGOR ME BANGOR ME
	WABI-3 WVII	13.3 7	N-M N	BANGOR ME BANGOR ME BANGOR ME
	WABI-3 WVII WVII-2	13.3 7 7.2	N-M N N-M	BANGOR ME BANGOR ME BANGOR ME BANGOR ME
	WABI-3 WVII WVII-2 WMEB	13.3 7 7.2 25	N-M N N-M E	BANGOR ME BANGOR ME BANGOR ME BANGOR ME ORONO ME
	WABI-3 WVII WVII-2 WMEB WMEB-2	13.3 7 7.2 25 25.2	N-M N N-M E E-M	BANGOR ME BANGOR ME BANGOR ME BANGOR ME ORONO ME ORONO ME
	WABI-3 WVII WVII-2 WMEB WMEB-2 WMEB-3	13.3 7 7.2 25 25.2 25.3	N-M N N-M E E-M E-M	BANGOR ME BANGOR ME BANGOR ME BANGOR ME ORONO ME ORONO ME ORONO ME
	WABI-3 WVII WVII-2 WMEB WMEB-2 WMEB-3	13.3 7 7.2 25 25.2 25.3	N-M N N-M E E-M E-M	BANGOR ME BANGOR ME BANGOR ME BANGOR ME ORONO ME ORONO ME ORONO ME
	WABI-3 WVII WVII-2 WMEB WMEB-2 WMEB-3	13.3 7 7.2 25 25.2 25.3	N-M N N-M E E-M E-M	BANGOR ME BANGOR ME BANGOR ME BANGOR ME ORONO ME ORONO ME ORONO ME
	WABI-3 WVII WVII-2 WMEB WMEB-2 WMEB-3	13.3 7 7.2 25 25.2 25.3	N-M N N-M E E-M E-M	BANGOR ME BANGOR ME BANGOR ME BANGOR ME ORONO ME ORONO ME ORONO ME
	WABI-3 WVII WVII-2 WMEB WMEB-2 WMEB-3	13.3 7 7.2 25 25.2 25.3	N-M N N-M E E-M E-M	BANGOR ME BANGOR ME BANGOR ME BANGOR ME ORONO ME ORONO ME ORONO ME
	WABI-3 WVII WVII-2 WMEB WMEB-2 WMEB-3	13.3 7 7.2 25 25.2 25.3	N-M N N-M E E-M E-M	BANGOR ME BANGOR ME BANGOR ME BANGOR ME ORONO ME ORONO ME ORONO ME
	WABI-3 WVII WVII-2 WMEB WMEB-2 WMEB-3	13.3 7 7.2 25 25.2 25.3	N-M N N-M E E-M E-M	BANGOR ME BANGOR ME BANGOR ME BANGOR ME ORONO ME ORONO ME ORONO ME
	WABI-3 WVII WVII-2 WMEB WMEB-2 WMEB-3	13.3 7 7.2 25 25.2 25.3	N-M N N-M E E-M E-M	BANGOR ME BANGOR ME BANGOR ME BANGOR ME ORONO ME ORONO ME ORONO ME
	WABI-3 WVII WVII-2 WMEB WMEB-2 WMEB-3	13.3 7 7.2 25 25.2 25.3	N-M N N-M E E-M E-M	BANGOR ME BANGOR ME BANGOR ME BANGOR ME ORONO ME ORONO ME ORONO ME

EGAL NAME OF								SYSTEM I 32
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing sive the statior	/ the sys be recei t the Cop sign of e he static ion's sign a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on thi each station carried. on is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anter is point, see page ed by the cable sy e station is licens	idend, and (2) nna, during cer e (v) of the ger vstem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ON LE DIGIT		0,0		ON LEE OF OT		C/D		
		1						

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	BEE LINE INC							3296
	SUBSTITUTE CARRIAGE	-	-					
∎ Substitute	In General: In space I, identi substitute basis during the ad explanation of the programmi	counting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			5			
Special	During the accounting period				s. anv nonnel	twork telev	vision program	ı
Statement and Program Log	broadcast by a distant stat	•		oa,,, o a oazontato zao.	, any normo			
							YES	
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ust comple	ete the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE			te line. Lles shkravistisne i	wherever nee	aible if th		
	In General: List each subst clear. If you need more spa				wherever pos		en meaning is	
				sion program ("substitute	program") tha	at, during t	he accounting	
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categori							1.
	"NBA Basketball: 76ers vs.	Bulls."		"Yes." Otherwise enter "N		umpio, 11		
	Column 3: Give the call s	sign of the s	tation broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			ne FCC or, in	
				em carried the substitute			, with the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m.	snould be	
		er "R" if the	listed program	was substituted for progra	amming that y	our syster	n was <i>require</i>	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	0,	our system wa	s permitted to delete unde	r FCC rules a	and regulat	tions in	
								1
	s		E PROGRAM	Γ	CARR	EN SUBS	CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	
							_	
					1		_	
							_	
] [_	
							_	
					{			
							_	
					1		_	
]		_	
							_	
		1	+					

Accounting Period:	2021/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BEE LINE INC	S	YSTEM ID# 3296
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	sion service nount, see	9,234.00 pss receipts)
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 \$26 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26 • 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.	33,800.	
	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 accounting period is \$52.00.	s six-month	
	Line 1. Royalty fee for accounting period		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 \$137,10	0)	
	1. Base amount under statutory formula \$ 263,800.00 5. Total amount of a mount of a		
	2. Enter amount of gross receipts from space K \$ 199,234.00 3. Subtract line 2 from line 1 \$ 64,566.00		
		00 224 00	
		99,234.00 64,566.00	
		34,668.00	
	7. Multiply line 6 by .005 (enter figure here)		<u>673.34</u> 0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		673.34
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	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)		
	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)	673.34	
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	\$	693.34
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BEE LINE INC	SYSTEM ID# 3296
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	13
	on which the cable system carried television broadcast stations and nonbroadcast services	165
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 7(03-851-2843
	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	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, 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; of (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 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 	em as identified
	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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unting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	329
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 Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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