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								
DATE RECEIVED	AMOUNT							
8/14/2024	\$							
	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	ACCC	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		
		Instructions:
В		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
		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		EUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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)
		(ramon, ocoo, ram rous, apartion, or onto number)
	1	(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:	2024/1	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name		489							
	Moosehead Enterprises Inc								
	Instructions: List each separate community served by the cable system. A "community"								
D	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 known as the "first								
_		s a form of system identification hereafter known as the "first							
	community." Please use it as the first community on all future filings.								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the identified							
Served	city.								
	CITY OR TOWN	STATE							
First	Rockwood								
Community	Nockwood								
Community									
Add Rows as Necessary									

Accounting Period: 2024/1 FORM SA1-2E, PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

Moosehead Enterprises Inc

SYSTEM ID#

489

E

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

BL	OCK 1		BLOCK 2				
04750000 05 050005	NO. OF	DATE	0.4 TE 0.0 D.V. O.F. 0.F.D.V.0.F.	NO. OF	DATE		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	62	85.95					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
 Residential 							
Non-residential							

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.

	BLO		BLOCK 2			
CATEGORY OF SERVICE	Y OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE					
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel	39.95			
 Pay cable—add'l channel 		Commercial	39.95			
Fire protection		• Pay cable				
Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	39.95	Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect	39.95			
Converter		Disconnect				
		Outlet relocation	39.95			
		Move to new address	39.95			

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Moosehead Enterprises Inc

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
WLBZ	2	N	Bangor, ME
WABI	5	N	Bangor, ME
WVII	7	N	Bangor, ME
WFVX	7.2	N	Bangor, ME
WMEB	12	E	Orono, ME
WABI - 2	5.2	N-M	Bangor, ME
WABI-3	5.3	N-M	Bangor, ME
WABI-4	5.4	N-M	Bangor, ME
WLBZ-2	2.2	N-M	Bangor, ME
WLBZ-3	2.3	N-M	Bangor, ME
WMEB-2	12.2	E-M	Orono, ME
WMEB-3	12.3	E-M	Orono, ME
WMEB-4	12.4	E-M	Orono, ME
WABI-6	5.6	N-M	Bangor, ME

Accounting Period: 2024/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Moosehead Enterprises Inc

489

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).

CALL SIGN	AM or FM		LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
WVOM	FM	S	Houlton, ME				
			 				
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od: 2024/1						FOI	RM SA1-2E. PAGE 5.
LEGAL NAME OF OWNER OF		EM:					SYSTEM ID# 489
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program to addacts by a distant station? Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m							
effect on October 19, 1976.	E PROGRAM 3. STATION'S		WHEN SUBSTITUTE CARRIAGE OCCURRED 7 5. MONTH 6. TIMES			7. REASON FOR DELETION	
	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ar explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	Moosehead Enterprises Inc SUBSTITUTE CARRIAGE: SPECIAI In General: In space I, identify every non substitute basis during the accounting pe explanation of the programming that mustable 1. SPECIAL STATEMENT CONCERI During the accounting period, did your broadcast by a distant station? Note: If your answer is "No," leave the log in block 2. LOG OF SUBSTITUTE PROGRAI In General: List each substitute prograclear. If you need more space, please a Column 1: Give the title of every nor period, was broadcast by a distant stati under certain FCC rules, regulations, on Do not use general categories like "more "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcound 3: Give the call sign of the scolumn 4: Give the broadcast station the case of Mexican or Canadian station Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that y effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYSTEM: Moosehead Enterprises Inc SUBSTITUTE CARRIAGE: SPECIAL STATEMEN In General: In space I, identify every nonnetwork televisis substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE PROGRAMS In General: List each substitute program on a separatelear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televity period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systems. Example: for May 7 give "5/7." Column 6: State the times when the substitute program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former FC explanation of the programming that must be included in this log, see page (v) of the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis broadcast by a distant station? Note: If your answer is "No," leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the gen Do not use general categories like "movies" or "basketball." List specific progran "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "I Column 3: Give the call sign of the station broadcasting the substitute progra Column 4: Give the broadcast station's location (the community to which the the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01: stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for progra to delete under FCC rules and regulations in effect during the accounting perior was substituted for programming that your system was permitted to delete unde effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant statio substitute basis during the accounting period, under specific present and former FCC rules, regule explanation of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the program of the period, was broadcast by a distant station and that your cable system substituted for the program of the period, was broadcast by a distant station and that your cable system substituted for the program of the program of the period, was broadcast by a distant station and that your cable system substituted for the program of the program of the period, was broadcast by a distant station and that your cable system substituted for the program of the program was broadcast live, enter "Yes." Otherwise enter "No." Column 1: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the canadian stations, if any, the community to which the station is lice the case of Mexican or Canadian stations, if any, the community to which the station is lice the case of Mexican or Canadian stations, if any, the community with which the station is lice the case of Mexican or Canadian stations of the substitute program was carried by your cable system. Column 5: Give the month and day when your system carried by a system from 6:01:15 p.m. to 6:2 stated as "6:00-6:30 p.m." Column 7: Enter the lette	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that you substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in the substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in the substitute basis and promote telestoradeast by a distant station? Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must comple log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming under certain FCC rules, regulations, or authorizations. See page (v) of the general institutions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "It Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 6: State the times when the substitute program was carried by your cable system. List the tit to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the was	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations, explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the prograting in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another staunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatic too not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rul

2024/1	FORM SA	1-2E. PAGE (
LEGAL NAME OF OWNER OF CABLE SYSTEM: Moosehead Enterprises Inc	S	YSTEM ID: 48
all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis	ssion service nount, see	7,374.09 sss receipts)
 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 \$20. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. 	63,800.	
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 the accounting period is \$52.00.	nis 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
		02.00
1. Base amount under statutory formula \$ 263,800.00	,	
·	-	
	-	
	_	
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)	
Enter the amount of gross receipts from space K		
	-	
· _ · _ ·	_	
	-	
	1 210 00	
<u></u>		
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
FILING FEE AND TOTAL REMITTANCE DUE		
1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
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 #]	
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service(s) using the accounting period. MPORTANT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To complete the royalty fee you owe: - Complete blook 1, block 2, or block 3. - Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than 5 car (some state) and the amount of gross receipts in space K is more than \$137,100 or less. - Use block 2 if the amount of gross receipts in space K is more than \$137,100 or less. - Use block 2 if the amount of gross receipts in space K is more than \$137,100 or less. - Use block 2 if the amount of gross receipts in space K is more than \$137,100 or less. - Use block 2 if the amount of gross receipts in space K is more than \$137,100 or less. - Use block 2 if the amount of gross receipts in space K is more than \$137,100 or less. - Use block 2 if the amount of gross receipts of \$137,100 or less, the royalty fee that you must pay for the 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. - Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2. - BLOCK 2. GROSS RECEIPTS OF \$283,800 OR LESS (but more than \$137,100 or less, the royalty fee that you must pay for the amount of gross receipts from space K. - Subtract line 2 from line 4. - Linet the amount of gross receipts from space K. - Enter the amount of gross receipts from space K. - Subtract line 5 from line 4. - Multiply line 6 by .005 (enter figure here). - Interest charge. Enter the amount from li	CONTRICT COLLECTION CONTRICT COLLECTION

Namo	Accounting Period:	2024/1						FORM SA1-2E. PAGE
Instructions: You must give (1) the number of charmeters on which the cable system carried selections, and (2) the cable systems is old number of activated channels during the accounting ported. 1. Enter the total number of activated channels on which the cable system carried selections broadcast stations. 14	Name							SYSTEM ID 48
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name		Instructions: You to its subscribers, 1. Enter the total n system carried to 2. Enter the total n	and (2) the cable system's number of channels on whic television broadcast station number of activated channels	total num h the cab s	mber of activated channels during the ac	ccounting period	l.	
Individual to Be Contacted for Further Information Address PO Box \$26 Charter, steet, roal route, sportment, or sale number) Greenville ME 04441 (City, been, steet, roal route, sportment, or sale number) Greenville ME 04441 (City, been, steet, roal route, sportment, or sale number) Greenville ME 04441 (City, been, steet, zool) Email mooseheadty@gwi.net Fax (optional Certification Certification Certification Certification (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 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; or one partnership or partners			-					43
Address PO Box 526 (Nurtex, street, trail route, spathment, or suite number) Greenville ME 04441 (City, tram, state, rp) Email mooseheadty@gwi.net Fax (optional CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) - 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; or X (Officer or partnership) am an officer (if a corporation or partnership) 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 failb. Enter an electronic signature on the line above to certify this statement. Enter signature using an "fs/ signature" (e.g., fs/ John Smith) Typed or printed name: Earl Richardson Title: President (Title of official position held in corporation or partnership)	Individual to	we can contact ab	out this statement of accou		ORMATION IS NEEDED (Identify an inc			
Caretyllia ME 04441 (City, town, state, zap)		Name <u>E</u>	Earl Richardson				Telephone	207-695-3337
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 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 (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		(1)	Number, street, rural route, apartn Greenville ME 04441	nent, or sui	uite number)			
O Cartification 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/ 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)		Email	mooseheadtv@	gwi.net		Fax (optional		
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Typed or printed name: Earl Richardson Title: President (Title of official position held in corporation or partnership)				X	/s/ Earl Richardson			
Title: President (Title of official position held in corporation or partnership)					_		ent.	
(Title of official position held in corporation or partnership)			Typed or printed	name:	Earl Richardson			
Date: 08/14/24								
			Date:			08/14/24		

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 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.

U.S. Copyright Office 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

Form SA1-2E Short Form (Rev. 05-17)

counting Period: 2024/1		FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
posehead Enterprises Inc		489
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copylowing sentence: "In determining the total number of subscribers and the gross amounts paid to the conservice of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmissions. For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	ryright Act by adding the fol- cable system for the basic system shall not include sub- s pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a lat For an explanation of interest assessment, see page (viii) of the general instructions locate		Q
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	^	
Line 2 Multiply line 1 by the interest rate and enter the sum nere		
	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4. Multiply line 2 by 0.00074** and apter bore	X 0.00214	
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	\$ -	
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	For further assistance please	
** 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 list below the owner, address, first community served, ID number, and accounting period a		
Owner Address		
Addition		
ID number		İ
First community served Accounting period		

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.