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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	08/28/2017	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	/YY/(Period))	

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20171 Barcode Data Filing Period (optional - see instructions)	
		201/1	
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.	023513
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system is a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	-	GATESVILLE, TX	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	023513
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
First	CITY OR TOWN GATESVILLE	STATE TX
Community	FORT GATES	TX
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							02351
Е	SECONDARY TRANSMISSION			-	-	, transmission a	onvige of th		
-	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								
Rates	down by categories of secondary each category by counting the nu								
	separately for the particular serv							onaigea	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny standai	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				es of sec	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I					service that are	different fi	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	right-ha	ind block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	DC	RATE	САТ	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE	-0	NAIL	CAT	LOOKT OF SEI	VICE	SUBSCRIBERS	KAII
	Service to first set		174	33.24					
	Service to additional set(s)		111	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		63	34.89					
	Converter								
	Residential								
	Non-residential								
									1
_	SERVICES OTHER THAN SEC In General: Space F calls for rat	-				ll vour cable svs	em's serv	ices that were	
F	not covered in space E, that is, th	•	,		-	• •			
	service for a single fee. There ar								
Services	furnished at cost or (2) services of								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually t	nieu. n'any fa	les are ch	larged on a varia	able per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by th							
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	rices in the	e form of a	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SERV		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi		RAIE	CATEG	ORT OF SERVICE	RAIL
	Pay cable	17.00		el, hotel	acintiai				
	Pay cable—add'l channel	19.00		mercial					
	Fire protection		• Pay						1
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	40.00	• Burg	lar protection					
	<ul> <li>Additional set(s)</li> </ul>			ervices:					
	• FM radio (if separate rate)		• Rec	onnect		40.00			
	• Converter		• Disc	onnect					
	• Converter		0.00	onneot					
	• Converter			et relocation		25.00			

ccounting Period: 2	2017/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			023513
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	ot (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati- carried by your cable system on a subs- the Special Statement and Program Lu- ed both on a substitute basis and also a, see page (v) of the general instruction program services such as HBO, ESPN re-air designation. For example, repor- evision station for broadcasting over th station, an independent station, or a n (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. it the community to which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAKW-TV	13	I	KILLEEN, TX
	KCEN-TV	9	Ν	TEMPLE, TX
Rows as Necessary	KNCT	46	E	BELTON, TX
	КТВС	7	l	AUSTIN, TX
	кwкт	44	l	WACO, TX
	кwтх-сw	10	I-M	WACO, TX
	κωτχ-τν	10	Ν	WACO, TX
	KXXV	26	N	WACO, TX
	KYLE	28	I	BRYAN, TX

EGAL NAME OF								SYSTEM I 0235
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein the co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under G tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		I		1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					023513
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi				•	ion, that your	cable syste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or aut	horizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	ion program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete	the program	n
	log in block 2.			-	•			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute	orogram") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further	information	٦.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 giv	ve "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	ouid be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	s	UBSTITUT	E PROGRAM	1		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– TO	
							_	
						_	_	
						_	_	
							_	
						_	_	
							-	
						-	-	
						_	_	
							-	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 023513
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, see	e ),544.43
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 • 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.	\$263,800	
	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 accounting period is \$52.00	this 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,	100)	
	1. Base amount under statutory formula		
	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/1						FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: MUNICATIONS LLC					SYSTEM ID# 023513
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number s, and (2) the cable system's I number of channels on whic television broadcast stations I number of activated channe able system carried television ast services	total number of ch the cable s els n broadcast stat	f activated channels during	the accounting period.	stations	9 64
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou		TION IS NEEDED (Identify	an individual to whom		
for Further Information	Name	SARAH BOGUE			Tel	lephone (903) 5	79-3121
	Address	3015 S SE LOOP 32: (Number, street, rural route, apar TYLER, TX 75701 (City, town, state, zip)		nber)			
	Email	SARAH.BOGL	JE@ALTICEU	SA.COM	Fax (optional)		
O Certification	I, the undersigned     (Ownee     (Agentian     (Agentian     (Agentian     (Agentian     (Offic     in     in     I have examined	(This statement of account med, hereby certify that (Check or er other than corporation or per tof owner other than corpor- line 1 of space B and that the ere or partner) I am an officer ( line 1 of space B. d the statement of account and e, and correct to the best of my on 1001(1986)]	one, <i>but only one</i> partnership) I ar ration or partner owner is not a co (if a corporation) I hereby declare y knowledge, info	e, of the boxes.) m the owner of the cable sys rship) I am the duly authoriz: orporation or partnership; or or a partner (if a partnership under penalty of law that all ormation, and belief, and are	tem as identified in line 1 of ed agent of the owner of the ) of the legal entity identified statements of fact contained	space B; or e cable system as id d as owner of the ca	
			Enter an electr Enter signatur	' Sabrina Warr ronic signature on the line ab re using an "/s/ signature" (e.g			
		Typed or printe Title: (Title of	VICE PRE	ABRINA WARR	NTING		
		Date:			08/18/2017		

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unting Period: 2017/1		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
QUEL COMMUNICATIONS LLC		0235
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Cop lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmission 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?	oyright Act by adding the fol- cable system for the basic e system shall not include sub- is pursuant to section 119." e general instructions	P Special Statemen Concerning Gross Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name     Name       Mailing Address     Mailing Address		-
Vou must complete this worksheat for these revelty payments submitted as a result of a la		
You must complete this worksheet for those royalty payments submitted as a result of a la For an explanation of interest assessment, see page (viii) of the general instructions locate		Q
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions locate         Line 1       Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate         Line 1       Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate         Line 1       Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locate</li> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum here</li> <li>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</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>.</li> </ul>	ed in the paper SA1-2 form.	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locate</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	ed in the paper SA1-2 form.          x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       0.00274         \$       -         (interest charge)         For further assistance please         y late.         to the Copyright Office, please	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locate</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	ed in the paper SA1-2 form.          x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       0.00274         \$       -         (interest charge)         For further assistance please         y late.         to the Copyright Office, please	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locate</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	ed in the paper SA1-2 form.          x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       0.00274         \$       -         (interest charge)         For further assistance please         y late.         to the Copyright Office, please	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locate</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	ed in the paper SA1-2 form.          x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       0.00274         \$       -         (interest charge)         For further assistance please         y late.         to the Copyright Office, please	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locate</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	ed in the paper SA1-2 form.          x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       0.00274         \$       -         (interest charge)         For further assistance please         y late.         to the Copyright Office, please	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.          x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       0.00274         \$       -         (interest charge)         For further assistance please         y late.         to the Copyright Office, please	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.          x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       0.00274         \$       -         (interest charge)         For further assistance please         y late.         to the Copyright Office, please	Q Interest Assessm

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