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	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	03/13/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Λ			

A	ACCO	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			
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.	33337
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MLGC, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 66 (Number, street, rural route, apartment, or suite number)	
		Enderlin, ND 58027 (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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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)	
L			

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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Hamo	MLGC, LLC	333
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	u list will serve as a form of system identification hereafter kn
	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 mobil	e home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Enderlin	ND
Community	Kindred	ND
-	Finley	ND
	Sheldon	ND
d Rows as Necessary		
	Northwood	ND
	Cooperstown	ND
	Binford	ND
	Glenfield	ND
	McHenry	ND

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name	MLGC, LLC	ADLE STOTEM.						515	3333
Е	SECONDARY TRANSMISSION			-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							hasten	
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							a and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	ance payment.	-				
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count ur	nder "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	vo- or three	e-word descript	ion of the s	ervice is	
	sufficient.	OCK 1					BLOCK	2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set		1.060	23.00	Retrans	smission Fe	е	1,060	11.
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		2	61.93					
	Commercial								
	Converter		1,060	3.50					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
E	In General: Space F calls for rat	•	,		•				
F	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services				•		• • • •		
Other Than	amount of the charge and the un		usually	billed. If any ra	ites are ch	arged on a vari	able per-pr	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	e system for ea	ch of the a	annlicable servi	res listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				shed. List	these other ser	vices in the	form of a	
	brief (two- or three-word) descrip	otion and includ	le the ra	ate for each.					
		BLO				DATE	0.175.0	BLOCK 2	D 4 T
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEGO	DRY OF SERVICE	RAT
	Pay cable			tel, hotel	luentiai		Expand	led Basic	49.0
	Pay cable—add'l channel	15.00		mmercial					
	Fire protection		• Pay	/ cable					
	•Burglar protection		• Pay	/ cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	40.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		40.00			
	Converter	3.50		connect					
	• Converter	3.50	• Out	connect tlet relocation ve to new addr	PSS				

ne		CABLE SYSTEM:		SYSTEM ID# 33337
	MLGC, LLC PRIMARY TRANSMITTERS:			
ary itters: sion	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> 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, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried 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	(1) stations carried only on a part-time carriage of certain network program 1(e)(2) and (4))]; and (2) certain stationaried by your cable system on a subme Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESPI-air designation. For example, reportion station for broadcasting over the station, an independent station, or a for network multicast), "I" (for independent station, or in the paper SA1-2 form. The community to which the station in the statio	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 indent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KRDK	4		Valley City, ND
	KRDK WDAY	6	I N	Valley City, ND Fargo, ND
ssary			I N N	
ssary	WDAY	6		Fargo, ND
ssary	WDAY WDAZ	6 8	N	Fargo, ND Grand Forks, ND
ssary	WDAY WDAZ KVRR	6 8 10	N N	Fargo, ND Grand Forks, ND Fargo, ND
essary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
essary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
cessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
essary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
cessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
cessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
cessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
2cessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
lecessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
ecessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
ecessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
ecessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
ecessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
ccessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
lecessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
lecessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND

Accounting F	Period: 2017	/2					FORM	I SA1-2E. PAGE
	F OWNER OF (CABLE SY	/STEM:					SYSTEM ID
MLGC, LLC								3333
	t every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the call State whether if f the radio stat this by placing Sive the station	y the sys be recein t the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright 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	t the system's he system's FM ante this point, see pa ed by the cable s he station is licent	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, rated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	+							

Accounting Perio	d: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID#
Name	MLGC, LLC							33337
	SUBSTITUTE CARRIAGE	SPECIAL	STATEMEN		G			
	In General: In space I, identi				-	ion that your (cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	•••		•				
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting period 	od, did your o	cable system	carry, on a substitute bas	s, any nonne	twork televisio	on program	1
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	-			a blank. If your analysis	·//		-	
	Note: If your answer is "No'	, leave the re	est of this pag	e blank. If your answer is	res, you mu	ist complete t	ne progran	n
	log in block 2.		10					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever nos	sihle if their r	meaning is	
	clear. If you need more spa						incurning io	
	Column 1: Give the title	of every nonr	network televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							1.
	"NBA Basketball: 76ers vs.			toall. List speelile program			Lucy Of	
				"Yes." Otherwise enter "N				
	Column 3: Give the call s	sign of the sta	ation broadca	sting the substitute progra	m.			
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			ith the mon	ith
	first. Example: for May 7 giv	e "5/7."			-			
				gram was carried by your				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a p	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	buld be	
		er "R" if the lis	sted program	was substituted for progra	imming that y	our system w	as require	d
	to delete under FCC rules a							am
	was substituted for program	ming that you	ur system was	s permitted to delete unde	r FCC rules a	nd regulation	s in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUTE	PROGRAM		CARRI	AGE OCCU	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? 3 Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	MES · TO	DELETION
						_		
					•			
						_		
						_		
						_		
						_		
						_		
						_		
1								

Accounting Period:	2017/2 FORM SA1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	MLGC, LLC 33337
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$363,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	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 six-moniaccounting 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
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K \$ 238,500.00
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 238,500.00
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 1,076.66
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 1,076.66 2. Event Set (0, with the triangle of the set of the
	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 \$ 1,096.66
	EFT Trace # or TRANSACTION ID # 75701461558
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2017/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME O MLGC, LLC	OWNER OF CABLE SYSTEM:		SYSTEM ID# 33337
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	ers, and (2) the cable system's total number al number of channels on which the cable d television broadcast stations al number of activated channels cable system carried television broadcast	stations	26
N Individual to		O BE CONTACTED IF FURTHER INFOR about this statement of account.)	RMATION IS NEEDED (Identify an individual to whom	·
Be Contacted for Further Information	Name	Tyler H Kilde	Telephone	701-437-9209
	Address	301 Dewey Street (Number, street, rural route, apartment, or suit	e number)	
		City, town, state, zip)		
	Email	tyler,kilde@mlgc.net	Fax (optional) 701-437-30	22
O Certification	• I, the undersig	ned, hereby certify that (Check one, but only	ified and signed in accordance with Copyright Office regulations) <i>c one</i> , of the boxes.)) I am the owner of the cable system as identified in line 1 of space E	
	 X (Of I have examinare true, comp 	n line 1 of space B and that the owner is not icer or partner) I am an officer (if a corpora n line 1 of space B. ed the statement of account and hereby dec	rtnership) I am the duly authorized agent of the owner of the cable s a corporation or partnership; or tion) or a partner (if a partnership) of the legal entity identified as own lare under penalty of law that all statements of fact contained herein e, information, and belief, and are made in good faith.	-
		Enter an e	/s/ Tyler H Kilde electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed name:	Tyler H Kilde	
			n held in corporation or partnership)	
		Date:	3.13.2019	

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 the 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 telephon 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 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 t 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 lav

LGC, LLC 3333 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 folious, service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers exclude any amounts paid to the cable system for the basic service of providing becondary 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 incade by satellite carriers to satellite dish owners? M M Marme Mailing Address Multiple Address Multiple A	ounting Period: 2017/2		FORM SA1-2E. PAGE
	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
The stabilite Home Vewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: P In determining the total number of subscribers and the gross amounts paid to the cable system for the basic sorthers and amounts collected from subscribers receiving secondary transmissions pursuant to section 115." Special Statement Concerning Gross receipts for secondary transmissions pursuant to section 115." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the pager SA12 form. Special Statement Concerning Gross receipts for secondary transmissions made by satellite carrier to satellite tark to satellite carrier(s) below. S Norre Maling Address Norre Maling Address Norre Maling Address Nume: Norre X Maling Address 19% Norre Nume: Norre X Maling Address 19% Norre Line 1 Enter the total here and list the satellite carrier(s) below. S 1066.00 It 2 Multiply line 1 by the interest rate* and enter the sum here 3.696.00 x 19% Line 3 Multiply line 2 by the number of days late and enter the sum here \$ 1.0.66 (interest charge) x 0.0.0274 1.0.66 (interest charge)<	GC, LLC		3333
YES. Enter the total here and list the satellite carrier(s) below.	 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Colowing 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 receipt made by satellite carriers to satellite dish owners? 	ppyright Act by adding the fol- e cable system for the basic he system shall not include sub- ons pursuant to section 119." he general instructions	P Special Statement Concerning Gross Receipts Exclusion
Name Name Maing Address Maing Address 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. Image: 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. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Interest Assessment Image: Complete this worksheet cover in the sum here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6			
Maiing Address Maiing Address 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 Line 1 Enter the amount of late payment or underpayment. \$ 1,066.00 x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here \$ 1,066 x 365 days Line 3 Multiply line 2 by the number of days late and enter the sum here \$ 3,890.90 x 0.00274 Interest Assessment 'In 4 Multiply line 3 by 0.00274** and enter here \$ 10.66 (interest charge) ''' '' To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please (interest charge) ''' '' To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please (interest charge) '''' '' To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please (interest charge) '''' '' To view the interest set covering a statement of account already submitted to the Copyright Office, please ''''' '''' '' To view file ing this worksheet covering a statement of account already	TES. Enter the total here and list the satellite carrier(s) below.		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and enter the sum here is a for the late payment or underpayment and enter the sum here is pace. Image: Complete this worksheet for those royalty payments and enter the sum here is a for the late payment or underpayment and enter the sum here is a for those royalty for the general instructions and react payment and enter the sum here is a for the late payment charge. Image: Complete the late payment or underpayment for the sum here is a for the late payment charge. Image: Complete the late payment for the sum here is a for the late payment for the late payment for the late payment for the late payment for the sum here is grave and react pay s			
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and enter the sum here is a for the late payment or underpayment and enter the sum here is pace. Image: Complete this worksheet for those royalty payments and enter the sum here is a for the late payment or underpayment and enter the sum here is a for those royalty for the general instructions and react payment and enter the sum here is a for the late payment charge. Image: Complete the late payment or underpayment for the sum here is a for the late payment charge. Image: Complete the late payment for the sum here is a for the late payment for the late payment for the late payment for the late payment for the sum here is grave and react pay s			
Line 1 Line 1 Intervention Image: Second Seco	You must complete this worksheet for those royalty payments submitted as a result of a l	late payment or underpayment.	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	For an explanation of interest assessment, see page (viii) of the general instructions location	ated in the paper SA1-2 form.	
x 365 days Line 3 Multiply line 2 by the number of days late and enter the sum here 3,890.90 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here s 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 First community served	For an explanation of interest assessment, see page (viii) of the general instructions location	ated in the paper SA1-2 form.	
Line 3 Multiply line 2 by the number of days late and enter the sum here	For an explanation of interest assessment, see page (viii) of the general instructions local Line 1 Enter the amount of late payment or underpayment	ated in the paper SA1-2 form. \$ 1,066 x 1%	5.00 Interest Assessment
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 x 10.66 (interest charge) * 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 First community served	For an explanation of interest assessment, see page (viii) of the general instructions local Line 1 Enter the amount of late payment or underpayment	ated in the paper SA1-2 form.	5.00 Interest Assessmen
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