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 workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	8/29/2018	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20181 Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	020933
		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 us 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:	
	-	OZARK, AR	
		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 fling, a determination that would be made by a court of law.

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NI	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	020933
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known
Area Served	as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, identified city.	
First	CITY OR TOWN OZARK	AR
Community	ALTUS	AN
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							02093
		0553/05-011							
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the nu								
Nates	separately for the particular servi							charged	
	Rate: Give the standard rate cl	harged for each	n catego	ry of service. I	nclude bo	oth the amount o	f the charg		
	unit in which it is generally billed.				ny standai	rd rate variation	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. <b>Note</b>								
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count un	der "Servio	e to the	
	first set" and would be counted o Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti	-		•					
	with the number of subscribers a								
	sufficient.				1				
	BLC	DCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		216	59.99					
	<ul> <li>Service to additional set(s)</li> </ul>		166	0					
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		15	59.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS		3				
-	In General: Space F calls for rat	-				ll your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, th								
Comisso	service for a single fee. There are								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		abuany r				able per pr	ogram busio,	
ransmissions:									
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a s brief (two- or three-word) descrip				snea. List	these other serv	lices in the	form of a	
						I			
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER		RATE	CATEG	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res		TUTE	ONTEO		
	• Pay cable	17.00	• Mote	el, hotel					
	Pay cable—add'l channel	19.00		nmercial					
	• Fire protection			cable					1
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	40.00		lar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect		40.00			
	Converter		<ul> <li>Disc</li> </ul>	onnect					
	• Converter			onnect et relocation		25.00			

me	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			020933
C nary nitters: vision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, WI <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.63 is explained in the next paragraph. With respect to any distant stations ca- les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations, is call sign. <i>Do not</i> report origination p I with a station according to its over-the	<i>t</i> (1) stations carried only on a part-tin the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent of the paper SA1-2 form. t 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" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		9		
	KAFT	Э	E	FAYETTEVILLE, AR
	KAFT KFSM-TV	9 18	E N	FAYETTEVILLE, AR FORT SMITH, AR
:essary				
essary	KFSM-TV	18	N	FORT SMITH, AR
ssary	KFSM-TV KFTA-TV	18 27	N I	FORT SMITH, AR FORT SMITH, AR
ssary	KFSM-TV KFTA-TV KHBS	18 27 21	N I N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR
essary	KFSM-TV KFTA-TV KHBS KHBS-CW	18 27 21 21	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR
cessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
cessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
cessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
ecessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Vecessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
<b>Vecessary</b>	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
lecessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
s Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR
Necessary	KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV	18 27 21 21 50	N I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR

EGAL NAME OI								SYSTEM II 0209
RIMARY TRA	NSMITTERS	: RADIO						
			arried on a separate and disc nerally receivable by your cal					Н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate	) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing	y the sys be recein at the Co l sign of the static tion's sig g a check	I-Band FM Carriage: Under stem whenever it is received a ved at the headend, with the opyright Office regulations on 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	at the system's he system's FM ante this point, see pa this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
lexican or Car	nadian station:	s, if any,	the community with which the	e station is identif	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	<b>_</b>	+						

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					020933
	SUBSTITUTE CARRIAGI	: SPECIA	L STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that your c	able syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	od, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisio	on program	1
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	Notes If your energy is "No?			a blank. If your analysis f			-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete ti	ne prograr	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their n	neanina is	
	clear. If you need more spa						ileaning io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o es like "mo	r authorizations vies" or "baske	<ol> <li>See page (v) of the gene thall " List specific program</li> </ol>	titles for ex	ns for further i	nformatior	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			, Lucy of	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	the case of Mexican or Can			e community to which the			CC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, wit	th the mor	nth
	first. Example: for May 7 giv	e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sho	uld be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	as require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	enter the let	ter "P" if the lis	sted progra	
	was substituted for program	ming that y	our system wa	s permitted to delete under	FCC rules a	nd regulations	s in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM	l	CARRI	AGE OCCUI	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	IES TO	DELETION
		100 01 110			7410 0711			
						<u> </u>		
						_		
			1					
							-	
						_		
			]			_		
						_		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 020933
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 transs (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 ,835.90
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 \$ 263,800.00		
	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		<b>FO</b> 66	
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
	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:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID 020933
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	7 74
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>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)]</li> <li>X /s/ Alan Dannenbaum</li> <li>Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</li> </ul>	stem as identified
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 08/18/2018	

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 telephol 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 fling, a determination that would be made by a court of lav

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	02093
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:             "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."     </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners?</li> </ul>	ub- 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	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	L L
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme  days  se 
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