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	08/30/2018	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

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.	
		1	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		FT RANDALL CABLE SYSTEMS INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1104 19TH AVE SW #B	
		(Number, street, rural route, apartment, or suite number) WILLMAR, MN 56201	
		(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 unless these s 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		
	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 fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	FT RANDALL CABLE SYSTEMS INC	27181
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, rou 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 filing Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	
	CITY OR TOWN	STATE
First Community	ЕСНО	MN
Community		
Add Rows as Necessary		

	Γ								-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA							SYS	
	FT RANDALL CABLE S	YSTEMS INC)						2718
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
<u> </u>	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existii	ng on the	
Service: Sub-	Number of Subscribers: Both						ole svstem.	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular servi							and the	
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				ny standa		, within a p		
	Block 1: In the left-hand block	in space E, the	e form li	sts the categor					
	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	has rate catego	ries for	secondary tra	nsmission				
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	right-n	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:				0,111			000001102110	
	Service to first set		27	72.50					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
					•				
_	SERVICES OTHER THAN SEC In General: Space F calls for rat	-			-	l vour cable svs	tem's servi	ces 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	billed. If any ra	ates are ch	larged on a varia	able per-pro	gram basis,	
Fransmissions:	Block 1: Give the standard rat		ne cable	e system for ea	ch of the a	applicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a s				shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	ption and includ	e the ra	ite for each.			1		
		BLOO				RATE		BLOCK 2 DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services:			BORY OF SER ation: Non-res		RATE	CATEGO	DRT OF SERVICE	RATE
	Pay cable	10.95		tel, hotel	lacinal				
	• Pay cable—add'l channel	12.00		mmercial					
	Fire protection	12.00		/ cable					
	•Burglar protection			/ cable-add'l cl	nannel				
	Installation: Residential			protection					
	• First set	20.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		20.00			
	Converter			connect		20.00 N/A			
	Converter			let relocation		20.00			
			- 00	lier reiocation		20.00	L		
			• Mo	ve to new addr		20.00			

Name				SYSTEM ID#
	LEGAL NAME OF OWNER OF			27181
	PRIMARY TRANSMITTERS:			
G rimary ismitters: levision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(c 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carried in concerning substitute basis stations, s i's call sign. <i>Do not</i> report origination p I with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network progr (e)(2) and (4))]; and (2) certain stat rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc rogram services such as HBO, ES air designation. For example, rep vision station for broadcasting over tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educat totions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	K56EL	56	E	REDWOOD FALLS, MN
	K622A	62	N	REDWOOD FALLS, MN
essary	KRWF	27	Ν	REDWOOD FALLS, MN
	K60BB	60	Ν	REDWOOD FALLS, MN
	K68BV	68	Ν	REDWOOD FALLS, MN
	K19CV	19	Ν	REDWOOD FALLS, MN
	K28II	25	I	REDWOOD FALLS, MN
			-	
	KELO	11	N	SIOUX FALLS, SD
			N E	SIOUX FALLS, SD
	КШСМ	11 10.4 10.2		SIOUX FALLS, SD APPLETON, MN
	KWCM KWCM	10.4 10.2	E	SIOUX FALLS, SD APPLETON, MN APPLETON, MN
	KWCM KWCM KEYL	10.4 10.2 12.1	E E N	SIOUX FALLS, SD APPLETON, MN APPLETON, MN MANKATO, MN
	KWCM KWCM	10.4 10.2	E	SIOUX FALLS, SD APPLETON, MN APPLETON, MN
	KWCM KWCM KEYL	10.4 10.2 12.1	E E N	SIOUX FALLS, SD APPLETON, MN APPLETON, MN MANKATO, MN
	KWCM KWCM KEYL	10.4 10.2 12.1	E E N	SIOUX FALLS, SD APPLETON, MN APPLETON, MN MANKATO, MN
	KWCM KWCM KEYL	10.4 10.2 12.1	E E N	SIOUX FALLS, SD APPLETON, MN APPLETON, MN MANKATO, MN
	KWCM KWCM KEYL	10.4 10.2 12.1	E E N	SIOUX FALLS, SD APPLETON, MN APPLETON, MN MANKATO, MN
	KWCM KWCM KEYL	10.4 10.2 12.1	E E N	SIOUX FALLS, SD APPLETON, MN APPLETON, MN MANKATO, MN
	KWCM KWCM KEYL	10.4 10.2 12.1	E E N	SIOUX FALLS, SD APPLETON, MN APPLETON, MN MANKATO, MN
	KWCM KWCM KEYL	10.4 10.2 12.1	E E N	SIOUX FALLS, SD APPLETON, MN APPLETON, MN MANKATO, MN
	KWCM KWCM KEYL	10.4 10.2 12.1	E E N	SIOUX FALLS, SD APPLETON, MN APPLETON, MN MANKATO, MN
	KWCM KWCM KEYL	10.4 10.2 12.1	E E N	SIOUX FALLS, SD APPLETON, MN APPLETON, MN MANKATO, MN

T RANDAL	OWNER OF C							SYSTEM I 271
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process 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 licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	1	T	· · · · · · · · · · · · · · · · · · ·	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	+	1						

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	FT RANDALL CABLE	SYSTEMS	S INC					27181
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi				•	ion, that your o	able syste	m carried on a
-	substitute basis during the a	ccounting p	eriod, under spe	ecific present and former FC	C rules, regul	ations, or autho	orizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the p	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	-	ir cable system	carry, on a substitute basi	s, any nonne	twork televisio	n 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 mι	ist complete th	ne prograr	n
	log in block 2.				·			
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their m	neaning is	
	clear. If you need more spa			rows to the tables. ision program ("substitute	orogram") tha	t during the a	ccounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further in	nformatior	ı.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	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			CC or, in	
				tem carried the substitute			th the mor	nth
	first. Example: for May 7 giv	/e "5/7."	, ,	·	0	-		
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sno	uid 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 regulations	5 10	
					П			1
			TE PROGRAM	1		EN SUBSTITU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
						_		
						_		
						_		
			1					
						_		
						_		
						_		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	S	*STEM ID# 27181
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	, 554.20
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 • 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	7,600)	
	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		<u> </u>
	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:	2018/1		FORM SA1-2E. PAGE 7
Name		FOWNER OF CABLE SYSTEM: _ CABLE SYSTEMS INC	SYSTEM ID# 27181
M Channels	to its subscrib1. Enter the to system carri2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television br ers, and (2) the cable system's total number of activated channels during the accounting p tal number of channels on which the cable ed television broadcast stations	
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to v t about this statement of account.)	whom
for Further Information	Name	KRISTI HILBRANDS	Telephone 320-847-7104
	Address	1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number) WILLMAR, MN 56201 (City, town, state, zip)	
	Email		ional) <u>320-847-7123</u>
O Certification	I, the undersig X (Ow (Age (Of I have examinare true, comp	N (This statement of account must be certified and signed in accordance with Copyright O aned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Aner other than corporation or partnership) I am the owner of the cable system as identified i ant of owner other than corporation or partnership) I am the duly authorized agent of the ow in line 1 of space B and that the owner is not a corporation or partnership; or a corporation or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entit in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact ete, and correct to the best of my knowledge, information, and belief, and are made in good fait tion 1001(1986)]	n line 1 of space B; or vner of the cable system as identified y identified as owner of the cable system
		X /s/ Bruce Hanson Enter an electronic signature on the line above to certify this senter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: BRUCE HANSON	
		Title: TREASURER (Title of official position held in corporation or partnership)	
		Date: 08/2	9/2018

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unting Period: 2018/1		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
ANDALL CABLE SYSTEMS INC		271
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXA The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A) lowing sentence: "In determining the total number of subscribers and the gross amounts service of providing secondary transmissions of primary broadcast tran scribers and amounts collected from subscribers receiving secondary to For more information on when to exclude these amounts, see the note on page located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gr made by satellite carriers to satellite dish owners?	o, of the Copyright Act by adding the fol- paid to the cable system for the basic smitters, the system shall not include sub- ransmissions pursuant to section 119." e (vii) of the general instructions	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	\$	
Name Name Name Mailing Address	ess	
You must complete this worksheet for those royalty payments submitted as a r	result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instru		Q
For an explanation of interest assessment, see page (viii) of the general instru Line 1 Enter the amount of late payment or underpayment	ctions located in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
	x	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ctions located in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ctions located in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x - x - x - x - x - x -	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x - x - x - x - x - x - x - x - x - x - x - x - x 0.00274	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x - x - x - x - x - x - x - x - x - x - x - x - x 0.00274	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ctions located in the paper SA1-2 form. x <	Q Interest Assessme
 Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here 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. * To view the interest rate chart click on <i>www.copyright.gov/licensing/intere</i> contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment NOTE: If you are filing this worksheet covering a statement of account already 	ctions located in the paper SA1-2 form.	Q Interest Assessme
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here 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. * To view the interest rate chart click on <i>www.copyright.gov/licensing/intere</i> contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment 	ctions located in the paper SA1-2 form.	Q Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	ctions located in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ctions located in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ctions located in the paper SA1-2 form.	Q Interest Assessme

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