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	HT 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	8/29/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
			J

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20181 Barcode Data Filing Period (optional - see instructions)	
Accounting		20101	
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.	2
		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 unless is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		SHERIDAN CORRECTIONAL FACILITY	
		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: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063192
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or m	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First Community	SHERIDAN (CUEDIDAN CODD)	
Community	(SHERIDAN CORR)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID	
Name	CEQUEL COMMUNICAT	IONS LLC							06319	
	SECONDARY TRANSMISSION		Pec Dir		TES					
E	In General: The information in s			-	-	v transmission s	ervice of th	e cable		
	system, that is, the retransmission									
Secondary	about other services (including p						nose existi	ng on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both							brokon		
scribers and	down by categories of secondary									
Rates	each category by counting the n									
	separately for the particular serv	ice at the rate in	dicated	I-not the num	per of set	s receiving servi	ce).	-		
	Rate: Give the standard rate c									
	unit in which it is generally billed category, but do not include disc				y standai	rd rate variations	s within a p	articular rate		
	Block 1: In the left-hand block				es of seco	ondarv 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 or					I in the count un	der "Servic	e to the		
	Block 2: If your cable system I					service that are	different fr	om those		
	printed in block 1 (for example, the									
	with the number of subscribers a	ind rates, in the i	right-ha	and block. A two	o- or three	e-word descripti	on of the s	ervice is		
	sufficient.	DCK 1					BLOCK	· •		
		NO. OF		5.175				NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBER	RS	RATE	CAII	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Residential:		•							
	Service to first set		0	-						
	Service to additional set(s)		0	0						
	• FM radio (if separate rate)									
	Motel, hotel		44	20.22						
	Commercial		41	39.33						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	SIONS: RATES						
F	In General: Space F calls for rat	•	,		•					
	not covered in space E, that is, the									
Services	service for a single fee. There ar furnished at cost or (2) services									
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-		
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description and include the rate for each.									
		BLOCI						BLOCK 2		
	CATEGORY OF SERVICE			ORY OF SERV	/ICF	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:			tion: Non-resi			0.11201			
	• Pay cable	-	• Mot	el, hotel						
	• Pay cable—add'l channel	-		nmercial						
	• Fire protection			cable					1	
	•Burglar protection			cable-add'l cha	annel					
	Installation: Residential			protection						
	First set	-		lar protection						
	Additional set(s)	- 0		ervices:						
	• FM radio (if separate rate)			onnect		-				
	Converter			connect						
				et relocation		-				
	•		Juli						1	
			• Mov	e to new addre	ss	_				

ounting Period: 2	2018/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNICA			063192
G Primary Transmitters: Television	carried by your cable system 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 rul • 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 the Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.63 s 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. Ilso in space I, if the station was carrien n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	et (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a substi- the Special Statement and Program L ed 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 fulfor network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons 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
	WBBM-CBS	12	N	CHICAGO, IL
	WCIU-IND	27	I	CHICAGO, IL
ws as Necessary	WFLD-FOX	31	I	CHICAGO, IL
	WGBO-UNV	38	l	JOLIET, IL
	WLS-ABC	7	Ν	CHICAGO, IL
	WMAQ-NBC	29	Ν	CHICAGO, IL
	WPWR-MNT	51	<u> </u>	GARY, IN
	WSNS-TMO	45	I	CHICAGO, IL
	WTTW-PBS	47	E	CHICAGO, IL
	WGN-CW	19		CHICAGO, IL
	HOL OF			

LEGAL NAME O								SYSTEM II 0631
	Nemittede							
n General: Lis	st every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: 1 Column 2: 5 Column 3: 1) it is carried b monitoring, to formation abou- rrm. dentify the cal State whether f the radio stat	y the sys be recein at the Co l sign of the static cion's sig	I-Band FM Carriage: Under (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 c mark in the "S/D" column.	t the system's he system's FM ante this point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can ertain st jeneral i	be expected, rated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: (Give the station	n's locati	on (the community to which the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		3,0	LOOKTION OF STATION	UALL SIGN		3,0		
	+							
		+						
	+							
	+							
	+							
	<u> </u>							
	<u> </u>							
	<u> </u>							
	+							

Accounting Perio	od: 2018/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					063192
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	3			
I I	In General: In space I, identi				-	ion that your cat	ole syster	n carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the pap	per SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	program	
Statement and Program Log	broadcast by a distant stat	tion?				,	YES	X NO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pas	a blank. If your anowar is "	Voo "vou mi		-	
		, leave the	rest of this pag	e Diarik. Il your answer is	res, you mu	ist complete the	program	1
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their me	aning is	
	clear. If you need more spa						annig io	
				sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ove I	ucv" or	
	"NBA Basketball: 76ers vs.						uoy 0.	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		need by the FCC	C or in	
	the case of Mexican or Can						J OI, III	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, with	the mont	th
	first. Example: for May 7 give				-			
				gram was carried by your o				ý
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. snouid	d be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was	required	1
	to delete under FCC rules a							im
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations ir	n	
	effect on October 19, 1976.							
					WHE	N SUBSTITUT	E	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCURF	RED	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. TIMES FROM —	S то	DELETION
						_		
							••••••••••	
						_		
						_		
						_		
						<u>_</u>		
						_		
1		1	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# 063192
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 servic s amount, see	e 9,646.98
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 \$ 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		-	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Duc	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 063192
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	10
	and nonbroadcast services	47
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)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of the cable system as identified sys	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or	tem as identified
	(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.	of the cable system
	 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)] 	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 08/18/2018	

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QUEL COMMUNICATIONS LLC O 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 folioning sentence: Image: Communication of the basic 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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.°. P 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. Special State Concerning OF During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. \$ No	unting Period: 2018/1				FORM SA1-2E. PAG
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satelite home Viewer Act of 1988 amended Title 17, section 111(()(1)(A), of the Copyright Act by adding the following aretinoc: In identifying the total number of subacibers and the gross amounts paid to the cable system for the basic sub-scribers and amounts collected from subacribers 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 located in the paper SA1-2 form. During the accounting period. did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite did owners? W NO VES. Enter the total here and list the satellite carrier(s) below. \$ Name Malling Address Line 1 Enter the total here and list the satellite carrier(s) below. 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 assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 2 Multiply line 1 by the interest rate* and enter the sum here. x	L NAME OF OWNER OF C	CABLE SYSTEM:			SYSTEM
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: The determining the total number of subscribers and the gross amounts paid to the cable system for the basic sorbers 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 located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? No YES. Enter the total here and list the satellite carrier(s) below. S 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. Line 1 Enter the amount of late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 2 Multiply line 1 by the interest rate* and enter the sum here . X X X X X X X X		TIONS LLC			0631
YES. Enter the total here and list the satellife carrier(s) below.	The Satellite Home View lowing sentence: "In determining the service of provid scribers and amount For more information on located in the paper SA During the accounting p made by satellite carrier	wer Act of 1988 amended Title 17, section the total number of subscribers and the gro ding secondary transmissions of primary bro iounts collected from subscribers receiving in when to exclude these amounts, see the x1-2 form.	111(d)(1)(A), of the ss amounts paid to badcast transmitters secondary transmis note on page (vii) of	Copyright Act by adding the fol- the cable system for the basic , the system shall not include sub- sions pursuant to section 119." the general instructions	
Mailing Address Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royally 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 royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet covering a statement of account already submitted as a result of a late payment or underpayment. Image: Complete 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. Image: Complete this worksheet covering a statement of account already submitted to the Copyright Office, please Image: Complete this worksheet covering a statement of account already submitted to the Copyright Office, please Image: Complete this worksheet covering a statement of account already submitted to the copyright office, please Image: Complete this worksheet covering a statement of accou		al 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: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page: Comparison of interest rate and enter the sum here	•••••••••••••••••••••••••••••••••••••••				
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(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@loc.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	For an explanation of in Line 1 Enter the amoun Line 2 Multiply line 1 by	s worksheet for those royalty payments sub interest assessment, see page (viii) of the ge unt of late payment or underpayment by the interest rate* and enter the sum here	eneral instructions lo	x da	Interest Assessme
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