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@loc.gov</u>
General instructions are located in the first tab of this workbook	8/23/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20191 Barcode Data Filing Period (optional - see instructions)	
		· · ·	
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.	26213
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CCI Systems, Inc. (FKA Cable Constructors Inc)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Packerland Broadband	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. BOX 190 (Number, street, rural route, apartment, or suite number)	
		Iron Mountain, MI 49801 (City, town, state, zip)	
<u> </u>	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	Inless these
С		s 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:	
	-		
		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.

Na	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	26213
D	Instructions: List each separate community served by the cable system. A "communit" "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single, it will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Pittsville	WI
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							I-2E. PAGE
Name	CCI Systems, Inc. (FKA		structo	re Inc)					2621
				13 IIIC <i>)</i>					-
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	(June 30 or D	ecember	31, as the ca	se may be	.).		0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the ne								
Rates	separately for the particular serv							charged	
	Rate: Give the standard rate c	harged for eac	h catego	ry of service.	nclude bo	th the amount o	f the charg		
	unit in which it is generally billed				ny standai	d 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. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					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, t	iers of services	that inc	lude one or me	ore second	dary transmissic	ons), list the	em, together	
	with the number of subscribers a	ind rates, in the	e right-ha	and block. A tv	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Residential:		42	20.05	Droforr	od Chaica		24	67.0
	Service to first set		43	38.95	Premie	ed Choice		34 8	87.0
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>				Fienne	I FIUS		O	07.0
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	6				
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		h	a sata na fan a a		undissis service	a listad		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and inclue	le the rat	e for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	18.95	• Mot	el, hotel				me & TMC	14.9
	<ul> <li>Pay cable—add'l channel</li> </ul>	11.95		nmercial				Encore Tier	12.9
	Fire protection		-	cable			HBO &	Cinemax Tier	27.9
	<ul> <li>Burglar protection</li> </ul>			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set			glar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect					
	Converter		<ul> <li>Disc</li> </ul>	onnect					1
	Converter								
				et relocation et o new addr					

	2019/1			FORM SA1-2E. PAGE
Name				SYSTEM ID 2621
	CCI Systems, Inc. (FP PRIMARY TRANSMITTERS:	(A Cable Constructors Inc)		2021
G rimary smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <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 basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the channo of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast). For the meaning of these te <b>Column 4:</b> 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	t (1) stations carried only on a part-ti- he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- orogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ims [sections ions carried on a postitute program log)—if the p on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAOW	9	N	Wausau, WI
	WAOW HD	642	N	Wausau, WI
Necessary	WSAW	8	N	Wausau, WI
	WSAW HD	641	N	Wausau, WI
	WEAU	12	N	Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI
	WFXS	11	E	Wausau, WI
	WHRM	20	I	Wausau, WI
		1		[,,

U.S. Copyright Office

Accounting F	Period: 2019	/1					FORM	I SA1-2E. PAGE 4.
LEGAL NAME O								SYSTEM ID#
CCI System	s, Inc. (FKA	Cable	Constructors Inc)					26213
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate	t every radio s whose signals ctions Conce it is carried b monitoring, to ormation abou rm. dentify the call State whether if the radio stat this by placing	station ca were ge rning AI y the sys be recei- the sys l sign of of the static ion's sig g a check	arried on a separate and discr nerally receivable by your cat I-Band FM Carriage: Under tem 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 mark in the "S/D" column. on (the community to which the	ble system during Copyright Office at the system's he system's FM ant this point, see pa sed by the cable	g the accountir regulations, ar eadend, and (2 enna, during c age (v) of the g system as a so	ng period n FM sig 2) it can vertain si yeneral i eparate	d. Inal is generally be expected, ated intervals. Instructions in the. and discrete	H Primary Transmitters: Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
·								
·								

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	onstructors	Inc)				26213
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LOO	3			
I I	In General: In space I, identi					ion. that your (	cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included ir	this log, see page (v) of the	general instr	uctions in the	paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television	on program	1
Program Log	broadcast by a distant star	tion?					YES	NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete t	the program	n
	log in block 2.			-	-			
	2. LOG OF SUBSTITUTE	<b>PROGRA</b>	MS					
	In General: List each subst				wherever pos	sible, if their r	meaning is	
	clear. If you need more spa			rows to the tables. ision program ("substitute p	program") tha	t during the a	accounting	
	period, was broadcast by a							
	under certain FCC rules, re							າ.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Love	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	0."			
				sting the substitute program				
	the case of Mexican or Can			ne community to which the			-CC or, in	
				tem carried the substitute p			ith the mon	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."		a program cam		5 p.m. to 0.2	0.00 p.m. she		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa		1 00 10103 0	na regulation	5 111	
	s	UBSTITUT	E PROGRAM	1		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN	MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- TO	
							-	
							-	
							-	
						_	-	
							-	
							·	
						_		
							·	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID# 26213
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 3,962.08
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	<b>\$</b>	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 \$ 263,800.00		
	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	4 Develty Fee Develop for Accounting Deviad (from Disc) 4.0 as 0 shows)	52.00	
Total Remittance Due	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	1
	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:	2019/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: s, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 26213
M Channels	<ul><li>to its subscribe</li><li>1. Enter the tot system carrie</li><li>2. Enter the tot on which the</li></ul>	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	. <u>4</u> . <u>144</u>
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Christopher Flanick Telephor	e 906-771-2208
	Address	105 Kent St. (Number, street, rural route, apartment, or suite number)	
		Iron Mountain, MI 49801 (City, town, state, zip)	
	Email	christopher.flanick@astreaconnect.com Fax (optional) 906-828-3	289
O Certification	I, the undersign     (Owr     (Age	N (This statement of account must be certified and signed in accordance with Copyright Office regulations and, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space ant of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	B; or
	X (Offi in • I have examine are true, comple	ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ou in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herei ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 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: Jacob Mulaikal	
		Title: CFO (Title of official position held in corporation or partnership)	

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Systems, Inc. (FKA Cable Constructors Inc)       2         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:       P         The 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 subscribers 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 to cated in the paper SA1-2 form.       Special Statem Concerning Greecipts for secondary transmissions manabely the satellite carrier(s) below.       Special Statem Concerning Greecipts Exclusions         Mo       No       Name       Maling Address       Marme       Maling Address       Marme       Maling Address       Marme       Maling Address       Marme       Maling Address       Q         No unust 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	unting Period: 2019/1	FORM SA1-2E. PAGE
	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
The Satellite Home Viewer Act of 1988 amended Tite 17, section 111(d)(1)(A), of the Copyright Act by adding the following semience: In determining the total number of subsoribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions opinizary torackat transmitters, the system fails for linking sub- for more information on when to exclude these amounts, see the note on page (wi) of the general instructions located in the page 5A1-2 form. During the accounting point, d) the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Norme Naddys Name Name Name Name Naddys Name Name Name	Systems, Inc. (FKA Cable Constructors Inc)	262
Name       Name         Mailing Address       Mailing Address         INTEREST ASSESSMENT       Mailing Address         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.       Interest Assess         Line 1       Enter the amount of late payment or underpayment	<ul> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence:</li> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not incluss cribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1</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 transmismade by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	asic Ide sub- 19." Concerning Gross Receipts Exclusio
Mailing Address       Mailing Address       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 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 are result of a late payment or underpayment.       Image: Complete this worksheet for those royalty for those result of a late payment or underpayment.       Image: Complete this worksheet for those royalty for those result of a late payment or underpayment.       Image: Complete this worksheet for those royalty for those result of a late payment or underpayment.       Image: Complete this worksheet for those royalty for those result of a late payment or underpayment.       Image: Complete this worksheet for those royalty for those result of a late payment or underpayment.       Image: Complete this worksheet for those royalty for those result of a late pay work	YES. 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: 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 form.       Image: C		
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 Comparison of Comparison of Comparison of Comparison of Comparison of Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of Interest rate, and enter the sum here		
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 ASSESSMENT	
Line 1 Enter the amount of late payment or underpayment		avment.
Line 1 Enter the antiduit of late payment of 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 located in the paper SA1-2 f	
Line 3 Multiply line 2 by the number of days late and enter the sum here		form.
Line 3 Multiply line 2 by the number of days late and enter the sum here		form.
Line 3 Multiply line 2 by the number of days late and enter the sum here		
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       \$	Line 1 Enter the amount of late payment or underpayment	form.
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       \$	Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessme
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessme
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessme  days 
(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         ID number       First community served	Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessme  days 
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