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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@copyright.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 9-3-19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		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.	63608
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CableSouth Media III, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1056 Jones Blvd (Number, street, rural route, apartment, or suite number)	
		Milan, TN 38358 (City, town, state, zip)	
С		<b>CUCTIONS:</b> 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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
	1		

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CableSouth Media III, LLC	63608
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobidentified city.	ile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Clinton	AR
Community	Damascus	AR
	Guy Quitman	AR AR
Add Rows as Necessary	Quitinan	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM					FORM SA1	
Name	CableSouth Media III, LL						010	6360
		-0						
Е	SECONDARY TRANSMISSION			-				
E	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both	•						
scribers and	down by categories of secondary							
Rates	each category by counting the nu separately for the particular service						chargeo	
	Rate: Give the standard rate c						ge and the	
	unit in which it is generally billed	• •	,		ard rate variations	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ondony transmis	sion conviv	o that cablo	
	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 "Servi	ce to the	
	first set" and would be counted o Block 2: If your cable system I				service that are	different f	rom those	
	printed in block 1 (for example, ti							
	with the number of subscribers a	ind rates, in the	e right-hand block	. A two- or thre	ee-word descripti	on of the s	service is	
	sufficient.	DCK 1				BLOCI	()	
	BLC	NO. OF	-			BLUCI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:							
	Service to first set		289 31	.35				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential     Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: R	ATES				
E	In General: Space F calls for rat	e (not subscrib	per) information wi	ith respect to a	all your cable sys	tem's serv	ices that were	
F	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.	-	-	-		<b>U</b>	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that						woro pot	
Nates	listed in block 1 and for which a s							
	brief (two- or three-word) descrip							
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF	SERVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installation: Nor	n-residential				
	• Pay cable		Motel, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial					
	Fire protection		Pay cable					
	<ul> <li>Burglar protection</li> </ul>		Pay cable-ad	d'l channel				
	Dargiai protootion		Fire protectio	n				
	Installation: Residential							
	Installation: Residential • First set	39.99	Burglar prote	ction				
	Installation: Residential • First set • Additional set(s)	39.99	Burglar prote Other services:	ction				
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burglar prote Other services: • Reconnect	ction	49.99			
	Installation: Residential • First set • Additional set(s)	39.99 5.00	• Burglar prote Other services: • Reconnect • Disconnect		49.99			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burglar prote Other services: • Reconnect	tion	49.99			

	· · · · · · · · · · · · · · · · · · ·			OVOTEMID
me	LEGAL NAME OF OWNER OF			SYSTEM ID: 63608
	CableSouth Media III, PRIMARY TRANSMITTERS:			
G nary nitters: <i>v</i> ision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(disubstitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC rule. 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on a <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <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-tin he carriage of certain network program a(e)(2) and (4))]; and (2) certain stati 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 instruction orogram 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 or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	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 undent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2	N	
	KARZ	<b>∠</b>	Ν	Little Rock, AR
	KARZ KARK	4	N	Little Rock, AR Little Rock, AR
ecessary				
cessary	KARK	4	N	Little Rock, AR
cessary	KARK KASN	4 5	N N	Little Rock, AR Little Rock, AR
essary	KARK KASN KEMV	4 5 6	N N N	Little Rock, AR Little Rock, AR Mountain View, AR
cessary	KARK KASN KEMV KATV	4 5 6 7	N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR
cessary	KARK KASN KEMV KATV KLRT	4 5 6 7 8	N N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR Little Rock, AR
cessary	KARK KASN KEMV KATV KLRT KKYK	4 5 6 7 8 9	N N N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR Little Rock, AR Little Rock, AR
lecessary	KARK KASN KEMV KATV KLRT KKYK KTHV	4 5 6 7 8 9 11	N N N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
lecessary	KARK KASN KEMV KATV KLRT KKYK KTHV	4 5 6 7 8 9 11	N N N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
Vecessary	KARK KASN KEMV KATV KLRT KKYK KTHV	4 5 6 7 8 9 11	N N N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
Vecessary	KARK KASN KEMV KATV KLRT KKYK KTHV	4 5 6 7 8 9 11	N N N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
Necessary	KARK KASN KEMV KATV KLRT KKYK KTHV	4 5 6 7 8 9 11	N N N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
Necessary	KARK KASN KEMV KATV KLRT KKYK KTHV	4 5 6 7 8 9 11	N N N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
Necessary	KARK KASN KEMV KATV KLRT KKYK KTHV	4 5 6 7 8 9 11	N N N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
Necessary	KARK KASN KEMV KATV KLRT KKYK KTHV	4 5 6 7 8 9 11	N N N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
Necessary	KARK KASN KEMV KATV KLRT KKYK KTHV	4 5 6 7 8 9 11	N N N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
s Necessary	KARK KASN KEMV KATV KLRT KKYK KTHV	4 5 6 7 8 9 11	N N N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
Necessary	KARK KASN KEMV KATV KLRT KKYK KTHV	4 5 6 7 8 9 11	N N N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
s Necessary	KARK KASN KEMV KATV KLRT KKYK KTHV	4 5 6 7 8 9 11	N N N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
5 Necessary	KARK KASN KEMV KATV KLRT KKYK KTHV	4 5 6 7 8 9 11	N N N N N N	Little Rock, AR Little Rock, AR Mountain View, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR

EGAL NAME OF			/STEM:					SYSTEM I
CableSouth	wedia III, L	.LC						636
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					Н
eceivable if (1) on the basis of if For detailed info paper SA1-2 for <b>Column 1:</b> Io <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein the co sign of the the static ion's sig g a check n's locati	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 the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1						

Accounting Perio	od: 2019/1						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CableSouth Media III, I	LLC					63608
	SUBSTITUTE CARRIAGI				G		
1					-	ion that your oable (	ovatom corriad on a
•	In General: In space I, identi substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN				- <b>J</b>	<u></u>	
Special	During the accounting per					twork tolovision pro	aram
Statement and		-	r cable system	carry, on a substitute bas			
Program Log	broadcast by a distant star	tion?				YE	S NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is	'Yes," you mι	ust complete the pro	ogram
	log in block 2.						
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their meani	ng is
	clear. If you need more spa						
				sion program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categori						
	"NBA Basketball: 76ers vs.						
	Column 2: If the program	n was broad	dcast live, enter	"Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
				e community to which the			r, in
	the case of Mexican or Can			tem carried the substitute			month
	first. Example: for May 7 giv		when your sys		piogram. Use		monun
			substitute pro	gram was carried by your	cable system.	List the times accu	urately
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a was substituted for program						brogram
	effect on October 19, 1976.		our system wa				
	,						
						EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCURRED	
	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 — 1	DELETION
						_	
						-	
						_	
						-	
						-	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	CableSouth Media III, LLC		63608
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service	39
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	63,800	
	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 t accounting period is \$52.00	his six-mon	
	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 \$137,10		
	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	<u> </u>	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) FALS	SE	
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	\$	15.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYSTEM ID# 63608
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	9 139
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		731-723-9913
	Address 1056 Jones Blvd (Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip)	
	Email Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) <ul> <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 sy in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(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> </ul> <b>X</b> /s/ Thomas Pate Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	stem as identified
	Typed or printed name: Thomas Pate	
	(Title of official position held in corporation or partnership) Date: 8/29/2019	

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unting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
eSouth Media III, LLC	6360
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </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 transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
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 underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<b>X</b>
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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Line 1 Enter the amount of late payment or underpayment	Interest Assessme

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