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@copyright.gov</u>
General instructions are located in the first tab of this workbook	3/3/2020	S ALLOCATION NUMBER	For additional information, 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	
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.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Consolidated Communications Enterprise Services	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		121 S 17th Street (Number, street, rural route, apartment, or suite number)	
		Mattoon, IL 61938-3987 (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:	
		Consolidated Communications Enterprise Services, Inc. ; Crystal Communications Inc.	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	221 E Hickory St (Number, street, rural route, apartment, or suite number)	
		Mankato, MN 56001 (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 suffciency of the fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM I
Name	Consolidated Communications Enterprise Services	619
	Instructions: List each separate community served by the cable system. A "community	
-	"a separate and distinct community or municipal entity (including unincorporated com	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	
	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 ho	ome parks should be reported in parentheses below the
Alca	identified city.	- Frank - Fran
Gerved		
	CITY OR TOWN	STATE
	ELLENDALE	MN
	NEW RICHMIND	MN
	FARIBAULT	MN
	NICOLLET	MN
	ST. PETER	MN
	JANESVILLE	MN
	WASECA	MN
	ST. CLAIR	MN
	EAGLE LAKE	MN
	GARDEN CITY	MN
	MAPLETON	MN
	MANKATO	MN
	LIME TOWNSHIP	MN
	MANKATO TOWNSHIP	MN
	NORTH MANKATO	MN
	SOUTH BEND TOWNSHIP	MN
	VERNON CENTER	MN
	MADISON LAKE	MN
	GOOD THUNDER	MN
	SKYLINE	MN
		MN
	AMBOY	MN
		1

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM II
Name	Consolidated Communi		erprise	e Services					619
Е	SECONDARY TRANSMISSION In General: The information in s		-	-	-	, transmission s	envice of t	he cable	
_	system, that is, the retransmission								
Secondary	about other services (including p								
ransmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicated	-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc				ny standai	d rate variation	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion servio	e that cable	
	systems most commonly provide	e to their subsci	ribers. G	live the numbe	r of subsc	ribers and rate	for each lis	ted category	
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system					service that are	different fi	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and block. A tv	/o- or three	e-word descripti	on of the s	Service is	
		OCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	САТ	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCITIBI			UA1			SUBSCRIBERS	11/4
	Service to first set		9,511	32.74					
	Service to additional set(s)		<u>,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0					
	• FM radio (if separate rate)								
	Motel, hotel		13	32.74					
	Commercial		262	32.74					
	Converter								
	Residential								
	 Non-residential 								
	<u> </u>								
	SERVICES OTHER THAN SEC In General: Space F calls for rate						tom'a aony	icco that word	
F	not covered in space E, that is, t	·	,		•	, ,			
	service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	ites are ch	arged on a varia	able per-pr	ogram basis,	
ansmissions:	Block 1: Give the standard rat		he cable	system for ea	ch of the a	applicable servio	ces listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a				shed. List	these other serv	vices in the	e form of a	
	brief (two- or three-word) descrip			te for each.					
		BLOO				DATE	CATEO	BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER tion: Non-res		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			el, hotel	luentiai	99.99			
	Continuing Services:					99.99			
	• Pay cable	32.74		-					
	• Pay cable • Pay cable—add'l channel		• Con	nmercial		55.55			
	 Pay cable Pay cable—add'l channel Fire protection 	32.74	• Con • Pay	nmercial cable	annel	39.93			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 	32.74	• Con • Pay • Pay	nmercial cable cable-add'l ch	annel	33.33			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	32.74 3.21	• Con • Pay • Pay • Fire	nmercial cable cable-add'l ch protection	annel	55.35			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	32.74 3.21 99.00	• Con • Pay • Pay • Fire • Burg	nmercial cable cable-add'l ch	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	32.74 3.21 99.00	• Con • Pay • Pay • Fire • Burg	nmercial cable cable-add'l ch protection glar protection	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	32.74 3.21 99.00	• Con • Pay • Pay • Fire • Bure • Bure • Rec	nmercial cable cable-add'l ch protection glar protection services:	annel	30.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	32.74 3.21 99.00	• Con • Pay • Pay • Fire • Bury Other s • Rec • Disc	nmercial cable cable-add'l ch protection glar protection services: connect	annel				

	2019/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER C			SYSTEM ID#
	Consolidated Comm	unications Enterprise Services		61969
G primary psmitters: levision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station- basis under specific FCC r • Do not list the station he station was carried only of • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the location	lentify every television station (including the em during the accounting period, except is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. s: With respect to any distant stations can rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, so and station pred with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta rried by your cable system on a su e Special Statement and Program I both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other itons. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFTC	29		MSP
	KTCA	2.1	E	MSP
ws as Necessary	WCCO	4	N	MSP
	KMSP	9	 	MSP
	KARE	11.1	N	MSP
	KARE-2	11.2	N-M	MSP
	KSTP	5.1	Ν	MSP
	KSTC	5.2	1	I
			!	MSP
	KEYC	12.1	N	MSP Mankato
	KEYC WUCW	12.1 23	N I	
			N	Mankato
			I	Mankato
				Mankato

Accounting F	Period: 2019	/2						FORM	/I SA1-2E. PAGE 4.
LEGAL NAME O			rstem: Is Enterprise Services						SYSTEM ID#
Consolidate	a commun	lication	is Enterprise Services						61969
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 Column 4: Co	t every radio s whose signals ctions Conce) it is carried b monitoring, to ormation abou rm. dentify the call State whether f f the radio stat this by placing Give the station	station ca were ge rning Al y the sys be recei- the sys l sign of the static ion's sig g a chec n's locati	arried on a separate and disc nerally receivable by your cal I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	ble C at sy th	e system during opyright Office i the system's he ystem's FM ante his point, see pa ed by the cable s e station is licen	the accountir regulations, an eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ng period n FM sig 2) it can ertain si eneral i eparate	d. Inal is generally be expected, iated intervals. Instructions in the. and discrete	H Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL OIGH		3,0		H	UNEL OIGH		5,0	LOOKTION OF STATION	
·									
	_								

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Consolidated Commu	nications	Enterprise S	Services				61969
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
	In General: In space I, identi	-	-			ion. that vol	ır cable svste	m 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 th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	sion progran	
Program Log	broadcast by a distant sta	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	e the prograi	n
	log in block 2.			·				
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if thei	ir meaning is	i
	clear. If you need more spa			ows to the tables. ision program ("substitute p	program") tha	t during th	e accounting	
	period, was broadcast by a							
	under certain FCC rules, re							า.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Lo	ove Lucy" or	
	-		dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	Column 4: Give the broat the case of Mexican or Can			e community to which the			e FCC or, in	
				tem carried the substitute p			with the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	i program cam	ed by a system norm 0.01.1	5 p.m. to 0.2	o.ou p.m. s		
	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 undel	FCC fulles a	nu regulatio	ons in	
	s	UBSTITUT	E PROGRAM	1		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH			DELETION
	I. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
								·
							<u> </u>	
							_	
								·
							<u> </u>	
							_	
							_	
							_	

Accounting Period:	2019/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services	SYSTEM ID# 61969
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enfail amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service
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 \$2 • 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. 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	
	Line 1. Royalty fee for accounting period	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	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	
	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 \$ 516,388.31 2. Description \$ 202,020,020	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	2,525.88
	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	\$ 3,844.88
	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)	3,844.88
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,864.88
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n	

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services	SYSTEM ID# 61969
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	10 198
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Julie Poon	916-786-1034
Information	Address 211 Lincoln Street (Number, street, rural route, apartment, or suite number) Roseville, CA 95678	
	(City, town, state, zip) Email julie.poon@consolidated.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 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 (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 (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. 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:	stem as identified
	Title: VP Regulatory & Public Policy (Title of official position held in corporation or partnership)	
	Date: 2/26/2020	

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nting Period: 2019/2		FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
solidated Communications Enterprise Services		6190
service of providing secondary transmissions of prima	ction 111(d)(1)(A), of the Copyright Act by adding the fol- e gross amounts paid to the cable system for the basic ry broadcast transmitters, the system shall not include sub- iving secondary transmissions pursuant to section 119." e the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	., ,	
NO		
YES. Enter the total here and list the satellite carrier(s) be	elow	
Name	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments	s submitted as a result of a late payment or underpayment.	0
You must complete this worksheet for those royalty payments For an explanation of interest assessment, see page (viii) of t		Q
For an explanation of interest assessment, see page (viii) of t	he general instructions located in the paper SA1-2 form.	Q Interest Assessme
	the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment .	the general instructions located in the paper SA1-2 form. \$ - x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of t	the general instructions located in the paper SA1-2 form. \$ - x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment .	the general instructions located in the paper SA1-2 form. \$ - x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment .	the general instructions located in the paper SA1-2 form. \$ - x - here - x 0 days - ne sum here -	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter th	the general instructions located in the paper SA1-2 form. \$ - x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter th Line 4 Multiply line 3 by 0.00274** and enter here	the general instructions located in the paper SA1-2 form. \$ - x - here - x 0 days - x 0 x 0 x 0 x 0 x 0	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter th	the general instructions located in the paper SA1-2 form. \$ - x - here - x 0 days - x 0 days - x 0 x 0 br block 3 line 6 \$	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the 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 	the general instructions located in the paper SA1-2 form. \$ - x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the 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 	the general instructions located in the paper SA1-2 form. \$ - kere - here - x 0 days here - x 0 days here - x 0 days here - x 0.00274 br block 3 line 6 \$ ov/licensing/interest-rate.pdf. For further assistance please	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the 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 * To view the interest rate chart click on <i>www.copyright.go</i> contact the Licensing Division at (202) 707-8150 or licer 	the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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