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 workboo 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	2/26/2020	\$ 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	
		20192 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	62126
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Mashell Telecom, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Rainier Connect	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 639 (Number, street, rural route, apartment, or suite number)	
		Eatonville, WA 98328 (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 ur s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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.

Mashell Telecom, Inc. 62 D asparate addition community served by the cable system. A "community" is the same as a "community unit" addition IFCC rule "a separate and distinct community or mulcipal entity (including unicorporated community with unicorporated areas and including single reference unicorporate areas." Af C2-R1, Sci(d)d). The first normativity fault with a rule norporated areas and including single active unicorporate sacult as the first community or all future lings. Including single active single areas." Af C2-R1, Sci(d)d). The first normativity fault with areas a forme system distribution as the "tist community." Hease use it as the first community or all future lings. Including single active single areas." Af C2-R1, Sci(d)d). Including single active single areas." Af C2-R1, Sci(d)d). Including single active single areas." Af C2-R1, Sci (d)d). Including Sci (d)d)d)d)d)d)d)d)d)d)d)d)d)d)d)d)d)d)d)	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Bernard distinct community or mulcipal entity lincluding unincorporated areas and including single area distinct community or mulcipal entity will serve as a form of system identification hereafter func- as the "first community." Please use it as the first community or mulcipal entity will serve as a form of system identification hereafter func- as the "first community." Please use it as the first community or mulcipal entity will serve as a form of system identification hereafter func- as the "first community." Please use it as the first community or mulcipal entity will be ease and including single CitY OR TOWN STATE CitY OR TOWN STATE CitY OR TOWN Graham WA Graham WA Spanaway WA Spanaway WA Spanaway WA Spanaway WA Spanaway WA Spanaway WA Spanaway WA Spanaway WA Spanaway WA Spanaway WA Spanaway WA Spanaway WA Spanaway WA Spanaway WA Spanaway Spanaway WA Spanaway Spanaway WA Spanaway Spanaway WA Spanaway			6212
Area Note:: Entities and properties such as hotels, apartments, condominiums, or mobile home parts should be reported in parentheses below the intentified city. First Community In hars in liberary City OR Toown State Spana way WA	D	"a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	ommunities within unincorporated areas and including single,
Prist Community WA Dryrallup (Craham Spanaway WA WA Spanaway WA If loss is liketary NA		Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Prist Community WA Dryrallup (Craham Spanaway WA WA Spanaway WA If loss is liketary NA			
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	d Rows as Necessary		
	, ,		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID
Name	Mashell Telecom, Inc.								6212
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the misseparately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disco Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for categories and the second second second subscriber who pays extra for categories and second se	pace E should on of television hay cable) in sp I (June 30 or D h blocks in spar y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed in space E, the to their subsc a: Where an ing should be cour	cover all and radi ace F, ne ecember ce E call service. (s in that ndicated h catego 20/mth"). for advar e form lis ribers. G dividual conted as a	categories of o broadcasts ot here. All the 31, as the ca- for the number in general, you category (the —not the num- ry of service. Summarize a foce payment. ts the catego ive the number or organization subscriber in	f secondary by your sy- e facts you ase may be er of subsc ou can com e number of nber of sets Include bo any standar ries of seco er of subsc n is receivin e each appl	stem to subscrit state must be t). ribers to the cat pute the numbe f persons or org s receiving servi th the amount o rd rate variations ondary transmis ribers and rate f ng service that f icable category.	bers. Give hose existi ole system, r of subscr anizations ice). f the charg s within a p sion servic for each lis alls under Example:	information ng on the broken ibers in charged e and the particular rate e that cable ted category different a residential	
	first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	has rate catego iers of services and rates, in the	ories for s that incl	secondary tra ude one or m	nsmission ore second	lary transmissio	ns), list the on of the s	em, together ervice is	
	BLC	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		765	20.99	Hospita	ality		1	42.9
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		7	75.99					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Fransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrib hose services to the two exception or facilities furr- nit in which it is rate column. the charged by to your cable sys- separate charg	er) inform that are r ns: you c lished to usually t the cable stem furm e was m	mation with re- not offered in lo not need to nonsubscribe billed. If any ra system for ea ished or offer ade or establi	espect to al combinatio o give rate i ers. Rate in ates are ch ach of the a red during t	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p	ndary trans cerning (1) d include b able per-pr ces listed. ceriod that	smission services ooth the ogram basis, were not	
		BLO						BLOCK 2	_
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	• Pay cable	14.99-18.99		t ion: Non-res el, hotel	sidential		Finishe	d Outlet	5.0
	Pay cable—add'l channel	14.99-18.99		mercial		43.95	Trip Ch		16.0
	Fire protection		• Pay	cable			Digital		25.9
	•Burglar protection			cable-add'l cl	hannel			0 Hours	5.(
	Installation: Residential		• Fire	protection				i0 Hours	10.0
	• First set	43.95		lar protection	1			0 Hours	15.0
			Other s	ervices:				rd CATV pkg.	39.0
	Additional set(s)		-						
	• FM radio (if separate rate)			onnect		31.00		CATV pkg.	55.0
	. ,		• Disc	onnect onnect et relocation		31.00 22.00	Stream	CATV pkg. ing Devices C Streaming	55.0 39.9 1.0

nting Period:	2019/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER C			SYSTEM ID
	Mashell Telecom, Inc			6212
G Primary nsmitters: elevision	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 <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eact educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the location	dentify every television station (including t erm during the accounting period, except 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, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog I(e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. BPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KMPV	3	I	Seattle, WA
	КОМО	4	Ν	Seattle, WA
s as Necessary	KING	5	N	Seattle, WA
	KONG	6	I	Seattle, WA
	KIRO	7	Ν	Seattle, WA
	KMYQ	8	I	Seattle, WA
	KCTS	9	E	Seattle, WA
	КВТС	10	E	Seattle, WA
	KSTW	11		Seattle, WA
	DTBW	12		
			F	Tacoma WA
	KUDU		E	Tacoma, WA
		13	N	Seattle, WA
	DSTR	13 50		Seattle, WA Tacoma, WA
	DSTR KUNS	13 50 51	N 	Seattle, WA Tacoma, WA Bellevue, WA
	DSTR KUNS TVW	13 50 51 77	N 1 1 E	Seattle, WA Tacoma, WA Bellevue, WA Olympia, WA
	DSTR KUNS	13 50 51	N 	Seattle, WA Tacoma, WA Bellevue, WA
	DSTR KUNS TVW	13 50 51 77	N 1 1 E	Seattle, WA Tacoma, WA Bellevue, WA Olympia, WA
	DSTR KUNS TVW	13 50 51 77	N 1 1 E	Seattle, WA Tacoma, WA Bellevue, WA Olympia, WA
	DSTR KUNS TVW	13 50 51 77	N 1 1 E	Seattle, WA Tacoma, WA Bellevue, WA Olympia, WA
	DSTR KUNS TVW	13 50 51 77	N 1 1 E	Seattle, WA Tacoma, WA Bellevue, WA Olympia, WA
	DSTR KUNS TVW	13 50 51 77	N 1 1 E	Seattle, WA Tacoma, WA Bellevue, WA Olympia, WA
	DSTR KUNS TVW	13 50 51 77	N 1 1 E	Seattle, WA Tacoma, WA Bellevue, WA Olympia, WA
	DSTR KUNS TVW	13 50 51 77	N 1 1 E	Seattle, WA Tacoma, WA Bellevue, WA Olympia, WA

EGAL NAME O	F OWNER OF	CABLE S	SYSTEM:					SYSTEM I
Mashell Tele	ecom, Inc.							621
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to prmation abou rm. dentify the cal state whether the radio stat this by placin Sive the statio	y the sys be rece ut the Co I sign of the station g a chec n's locat	II-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. Inal was electronically proces is mark in the "S/D" column. ion (the community to which th the community with which th	at the system's h system's FM an this point, see p sed by the cable he station is licer	eadend, and (tenna, during age (v) of the system as a s nsed by the F0	(2) it car certain general separate	be expected, stated intervals. instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Mashell Telecom, Inc.							62126
	SUBSTITUTE CARRIAGE				2			
l	In General: In space I, identi substitute basis during the average and the programm	fy <i>every nor</i> ccounting pe	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stat C rules, regul	ations, or auth	orizations.	For a further
Substitute Carriage:	1. SPECIAL STATEMEN				e general mou			-2 10111.
Special	During the accounting period				s any nonne	twork tolovisio	n program	2
Statement and	broadcast by a distant stat	-	i cable system	carry, on a substitute basi	s, any nonne			
Program Log	5						YES	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete ti	ne prograr	n
	log in block 2.		MO					
	period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the calls Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every not distant stati gulations, o es like "mor Bulls." n was broad sign of the s dicast static adian statio th and day re "5/7." es when the Example: a er "R" if the nd regulatid iming that y	m on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the of when your sys e substitute pro program carrie listed program ons in effect du	rows to the tables. Ision program ("substitute pur cable system substitutes s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N sting the substitute progra the community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	brogram") that d for the prog and instruction n titles, for exa lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 mming that y c enter the let	t, during the a ramming of ar ns for further i ample, "I Love nsed by the F titified). numerals, with List the times 8:30 p.m. sho our system wa ter "P" if the list	accounting nother stat nformatior Lucy" or CC or, in th the mor accurate uld be as <i>require</i> sted progr	tion n. hth ly
			E PROGRAM	1		N SUBSTITU		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. TIN FROM —	IES TO	DELETION
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Mashell Telecom, Inc.		62126
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	smission servie s amount, see	5 ,248.00
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	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filler Free and			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		ıhts!

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Mashell Tele	OF OWNER OF CABLE SYSTEM: ecom, Inc.			SYSTEM ID# 62126
M Channels	to its subscrib 1. Enter the to	pers, and (2) the cable system's	total num	Is on which the cable system carried television broadcast sta ber of activated channels during the accounting period. le	ations
	on which the	otal number of activated channe e cable system carried television adcast services	n broadca	st stations	200
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of accou		DRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Danielle Clausen		Tele	phone (360) 832-4130
	Address	PO Box 639 (Number, street, rural route, apa	tment, or su	uite number)	
		Eatonville, WA 9832 (City, town, state, zip)		,	
	Email	danielle.clause	n@raini	erconnect.net Fax (optional) (866)	1 240 0245
O Certification		DN (This statement of account n gned, hereby certify that (Check o		rtified and signed in accordance with Copyright Office regulanly one, of the boxes.)	ations)
	X (Ov	vner other than corporation or	partnershi	\mathbf{p}) I am the owner of the cable system as identified in line 1 of s	pace B; or
		in line 1 of space B and that the	owner is n	artnership) I am the duly authorized agent of the owner of the or of a corporation or partnership; or	
		fficer or partner) I am an officer in line 1 of space B.	(if a corpor	ation) or a partner (if a partnership) of the legal entity identified	as owner of the cable system
	are true, comp		-	eclare under penalty of law that all statements of fact contained ge, information, and belief, and are made in good faith.	herein
			X	/s/ Brian Haynes	
				electronic signature on the line above to certify this statement. gnature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printe	d name:	Brian Haynes	
		Title: (Title of		President tion held in corporation or partnership)	
		Date:	·	2/26/2020	
	Contine 111 of t	itle 17 of the United States Code a	uthorized fl	e Convright Office to collect the personally identifying information	

Firvacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephol 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 Office's public indexes and telephol 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 t 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 lav

unting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
hell Telecom, Inc.	621
 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: "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." 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statemen Concerning Gros Receipts Exclusio
Name Name Mailing Address Mailing Address	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
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Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm

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