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) General instructions are located in the first tab of this workbook	DATE RECEIVED 02/14/20	AMOUNT ALLOCATION NUMBER	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (YY	'YY/(Period))	

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20192 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
		NEX-TECH LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		145 N MAIN
		(Number, street, rural route, apartment, or suite number) LENORA, KS 67645
		(City, town, state, zip)
С		CCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	NEX-TECH LLC	62976
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter knowr
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.	
-		STATE KS
First Community	LONG ISLAND	
Community		
Add Rows as Necessary		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM II
Name	NEX-TECH LLC	ADEL OTOTEM.						010	629
Е	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	I (June 30 or D	ecembe	r 31, as the ca	ise may be	e).		-	
Service: Sub-	Number of Subscribers: Both						-		
scribers and Rates	down by categories of secondary each category by counting the n								
Nates	separately for the particular serv							charged	
	Rate: Give the standard rate c	harged for eac	h catego	ory of service.	Include bo	th the amount o	f the charg		
	unit in which it is generally billed				iny standar	d rate variations	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmis	sion servic	e that cable	
	systems most commonly provide	•		-		•			
	that applies to your system. Note	e: Where an in	dividual	or organizatio	n is receivi	ng service that	falls under	different	
	categories, that person or entity					•••			
	subscriber who pays extra for ca first set" and would be counted o					I in the count un	der "Servio	ce 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	s that inc	lude one or m	ore second	dary transmissic	ons), list the	em, together	
	with the number of subscribers a	and rates, in the	e right-ha	and block. A ty	wo- or three	e-word descripti	on of the s	ervice is	
	sufficient. BLC	OCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRID	EKS	KATE	CAT	EGORT OF SET	VICE	SUBSCRIBERS	KA
	Service to first set		46	30.00	PREMI	ERE		38	46.
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC		NSWISS		 S			•	
-	In General: Space F calls for rat	-			-	l your cable sys	tem's servi	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0 ,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	<u><u></u> 2K 1</u>					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
				tion: Non-res					
	Continuing Services:						Sports	& Entertain.	13.
		76.00	• Mot	el, hotel					
	Continuing Services:	76.00		el, hotel nmercial			Cinema		11.
	Continuing Services: • Pay cable	76.00	• Con	•			HBO)X	11. 17.
	Continuing Services: • Pay cable • Pay cable—add'l channel	76.00	• Con • Pay	nmercial	nannel		HBO		11. 17. 14.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	76.00	• Con • Pay • Pay	nmercial cable	nannel		HBO	ax me & TMC	11. 17.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	99.00	• Con • Pay • Pay • Fire • Burg	nmercial cable cable-add'l cl protection glar protection			HBO Showti	ax me & TMC	11. 17. 14.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	99.00	• Con • Pay • Pay • Fire • Burg Other s	nmercial cable cable-add'l ch protection glar protection ervices:			HBO Showti	ax me & TMC	11. 17. 14.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	99.00	• Con • Pay • Pay • Fire • Burt Other s • Rec	nmercial cable cable-add'l cl protection glar protection ervices: onnect		30.00	HBO Showti	ax me & TMC	11, 17, 14,
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	99.00	• Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	nmercial cable cable-add'l ch protection glar protection ervices: onnect connect			HBO Showti	ax me & TMC	11, 17, 14,
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	99.00	• Con • Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl	nmercial cable cable-add'l cl protection glar protection ervices: onnect		30.00 110.00 99.00	HBO Showti	ax me & TMC	11 17 14

ting Period: 2	2019/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	⁻ CABLE SYSTEM:		SYSTEM I
	NEX-TECH LLC			629
G Primary Insmitters: Ilevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (1	<i>t</i> (1) stations carried only on a part- he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st carried by your cable system on a su	time basis under rams [sections ations carried on a ubstitute program
	station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination p d with a station according to its over-th	ed both on a substitute basis and all , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the station	so on some other ctions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "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
	KSNC	2	N	GREAT BEND, KS
	KLBY	4	N	COLBY, KS
n	KBSH	7	N	HAYS, KS
ws as Necessary	KOOD	9	E	HAYS, KS
	KAKE	10	Ν	WICHITA, KS
	KHGI	13	Ν	KEARNEY, NE
	КМТW	17	<u> </u>	WICHITA, KS
	KSCW	23	I	WICHITA, KS
	KSAS	24	N	WICHITA, KS
	KWCH-DT2	110	N-M	WICHITA, KS
	KWCH-DT2 KAKE-DT2	110 180	N-M N-M	
				WICHITA, KS
	KAKE-DT2	180	N-M	WICHITA, KS WICHITA, KS
	KAKE-DT2 KMTW-DT2	180 181	N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS
	KAKE-DT2 KMTW-DT2 KSCW-DT3	180 181 182	N-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3	180 181 182 183	N-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2	180 181 182 183 184	N-M I-M I-M E-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS
	KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3	180 181 182 183 183 184 185	N-M I-M E-M I-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS
	KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3	180 181 182 183 183 184 185 185 186	N-M I-M I-M E-M I-M N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2	180 181 182 183 183 184 185 185 186 187	N-M I-M I-M E-M I-M N-M I-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	180 181 182 183 183 184 185 185 186 187 189	N-M I-M I-M E-M I-M N-M I-M N-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	180 181 182 183 183 184 185 185 186 187 189	N-M I-M I-M E-M I-M N-M I-M N-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS

Accounting F	Period: 2019	/2					FORM	I SA1-2E. PAGE 4.
LEGAL NAME O		CABLE SY	YSTEM:					SYSTEM ID# 62976
	st every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
receivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried b monitoring, to ormation abou orm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be rece it the Co sign of the static ion's sig g a chec n's locati	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. ion (the community to which the the community with which the	at the system's h system's FM and this point, see pa sed by the cable he station is licer	eadend, and (tenna, during o age (v) of the g system as a s nsed by the FC	2) it can certain s general eparate	be expected, tated intervals. instructions 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	
KQNK	FM		NORTON, KS					
KKDT	FM		BURDETT, KS					
·			_	_				

Accounting Perio	od: 2019/2					FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	NEX-TECH LLC						62976
	SUBSTITUTE CARRIAGE				a		
	In General: In space I, identi					ion, that your cable syste	em carried on a
-	substitute basis during the a	ccounting p	eriod, under spe	ecific present and former FC	C rules, regul	lations, or authorizations	. For a further
Substitute	explanation of the programm				e general inst	ructions in the paper SA	1-2 form.
Carriage: Special	1. SPECIAL STATEMENT						
Statement and	During the accounting peri		r cable system	carry, on a substitute basi	s, any nonnet		
Program Log	broadcast by a distant stat	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 the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their meaning is	
	clear. If you need more spa						2
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute p			
	period, was broadcast by a under certain FCC rules, reg						
	Do not use general categori						
	"NBA Basketball: 76ers vs.		la a d Para canta		- 11		
				r "Yes." Otherwise enter "N Isting the substitute progra			
				he community to which the		nsed by the FCC or, in	
	the case of Mexican or Can						- 4h
	first. Example: for May 7 giv		when your syst	tem carried the substitute p	brogram. Use	numerais, with the mo	ntn
	Column 6: State the time	es when the		gram was carried by your o			ely
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	mming that v	our system was require	ed
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	enter the let	ter "P" if the listed prog	
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
						N SUBSTITUTE	
	S					AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM – TO	
						_	
							····
							
						_	
						_	

Accounting Period:	2019/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SYSTEM ID# 62976
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. 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 th page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	smission service
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	\$ 8,344.28 (Amount of gross receipts)
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. 	o \$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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)
	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	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		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 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 Re See page i of the general instructions in the paper SA1-2 form for more inform		nts!

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OV NEX-TECH LLC	WNER OF CABLE SYSTEM:			SYSTEM ID 6297
M Channels	to its subscribers, 1. Enter the total r system carried to 2. Enter the total r on which the cat	and (2) the cable system's to number of channels on which elevision broadcast stations number of activated channels ble system carried television	total num h the cab s broadcas		20
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of accour		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Scott Roe		Telephone	785-625-7070
		2418 Vine Street (Number, street, rural route, apartn Hays, KS 67601 (City, town, state, zip) sroe@nex-tech.		te number) Fax (optional)	
O Certification	• I, the undersigned	l, hereby certify that (Check on other than corporation or pa	ne, <i>but onl</i> artnershij	rtified and signed in accordance with Copyright Office regulations) <i>y one</i> , of the boxes.) b) I am the owner of the cable system as identified in line 1 of space B artnership) I am the duly authorized agent of the owner of the cable sy	; or
	in lir X (Officer	ne 1 of space B and that the ov	wner is no	ation) or a partner (if a partnership) of the legal entity identified as own	
	I have examined t	he statement of account and h and correct to the best of my h	-	clare under penalty of law that all statements of fact contained herein e, information, and belief, and are made in good faith.	
				/s/ Rhonda S. Goddard electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name:	Rhonda S. Goddard	
		Title: (Title of of		Financial Officer on held in corporation or partnership)	
		Date:		02/26/2020	

Privacy 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 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 Office'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.

	019/2	FORM SA1-2E. PAG
	ER OF CABLE SYSTEM:	SYSTEM
-TECH LLC		629
The Satellite Ho lowing sentence "In deter service o	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Stateme Concerning Gros
	nation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form.	Receipts Exclusi
-	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions e carriers to satellite dish owners?	
	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST A	SSESSMENT	
•	lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter th	e amount of late payment or underpayment	Interest Assessm
Line O. Mallinha	x	
Line 2 Multiply	x	
	x	
	x	
Line 3 Multiply Line 4 Multiply	x	
Line 3 Multiply Line 4 Multiply in space * To view the	x - x - x days line 2 by the number of days late and enter the sum here - x 0.00274 line 3 by 0.00274** and enter here - L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
Line 3 Multiply Line 4 Multiply in space * To view the contact the	Ine 1 by the interest rate* and enter the sum here - x - x days Ine 2 by the number of days late and enter the sum here - x - x - x - x 0.00274 Ine 3 by 0.00274** and enter here - x - x - x - (interest charge) - e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you ar	Ine 1 by the interest rate* and enter the sum here	
Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ow	Iine 1 by the interest rate* and enter the sum here - x - x days line 2 by the number of days late and enter the sum here - x 0.00274 line 3 by 0.00274** and enter here - x 0.00274 line 3 by 0.00274** and enter here - x - x 0.00274 line 3 by 0.00274** and enter here - x - x - x - y - x - y - x - y - y - y - y - y - y - y - y - y - y - y - y - y - y - y - y -	
Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ov	Ine 1 by the interest rate* and enter the sum here	
Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ow Owner Address ID number	Ine 1 by the interest rate* and enter the sum here	
Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ov Owner Address	x	

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 Office'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.