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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/14/20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2019/2 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.
		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		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:
		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 1 SYSTEM ID
Name		6297
D	"a separate and distinct community or municipal entity (including uninc	A "community" is the same as a "community unit" as defined in FCC rules: prporated communities within unincorporated areas and including single,
U	as the "first community." Please use it as the first community on all futu	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums identified city.	s, or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	MUNJOR	KS
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	
Name	NEX-TECH LLC							0.0	629
Е	SECONDARY TRANSMISSION								
L	In General: The information in s	•		-					
Secondary	system, that is, the retransmissic about other services (including p								
Transmission	last day of the accounting period	• • •			•			g en une	
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondary					•			
Rates	each category by counting the nu separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed				ny standar	d rate variations	s within a p	articular rate	
	category, but do not include disc				ion of ooo			a that as his	
	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 ca					in the count un	der "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system h					sonvice that are	different fr	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a					•	,	-	
	sufficient.								
	BLC	OCK 1 NO. OF	- T				BLOCK	K 2 NO. OF	r
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEE	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		29	30.00	PREMI	=RE		24	46
	• Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS						
-	In General: Space F calls for rat					l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, th								
Comisso	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually	Silled. If arry ra		arged on a vana	able pel-pi	ografii basis,	
ransmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	lices in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RA
	Continuing Services:	RATE		tion: Non-res		NATE	CATEG	JRT OF SERVICE	NA.
	• Pay cable	76.00		el, hotel			Sports	& Entertain.	13.
	• Pay cable—add'l channel			nmercial			Cinema		11.
	• Fire protection			cable			HBO		17.
	•Burglar protection			cable-add'l ch	annel		L	me & TMC	14.
	Installation: Residential		-	protection			Starz!		12.
	First set	99.00		protection glar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)	110.00		onnect		110.00			
				onnool		110.00			
			• Diec	onnect					
	• Converter			connect		110.00			
			• Outl	connect et relocation re to new addr	255	110.00 110.00			

	1			FORM SA1-2E. PAGE
Name		F CABLE SYSTEM:		SYSTEM II
	NEX-TECH LLC			6297
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each	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 76.0 is explained in the next paragraph. :: With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (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 d with a station according to its over-th	t (1) stations carried only on a part- the carriage of certain network progr 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als s, see page (v) of the general instruc- program services such as HBO, ES ne-air designation. For example, rep evision station for broadcasting over station, an independent station, or	time basis under ams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each bort multistream r the air in its community a noncommercial
	(for independent multicast) For the meaning of these te Column 4: Give the location	 any the letter in (tor network), inverse, "E" (for noncommercial educational), erms, see page (iv) of the general instron of each station. For U.S. stations, lis dian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER 	or "E-M" (for noncommercial educat ructions in the paper SA1-2 form. at the community to which the station	ional multicast). n is licensed by the
	KSNC	2	N	GREAT BEND, KS
	KBSH		N	HAYS, KS
ld Rows as Necessary	KOOD	9	<u>E</u>	HAYS, KS
	KAKE	10	Ν	
			-	WICHITA, KS
	KMTW	17	l	WICHITA, KS
	KSCW	17 23	 	WICHITA, KS WICHITA, KS
	KSCW KSAS	17 23 24	l I N	WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2	17 23 24 110	I I N N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW KSAS	17 23 24	l I N	WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2	17 23 24 110	I I N N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2	17 23 24 110 180	I I N N-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2	17 23 24 110 180 181	I I N N-M N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3	17 23 24 110 180 181 182	I I N N-M N-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3	17 23 24 110 180 181 182 183	I I N N-M N-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2	17 23 24 110 180 181 182 183 184	I I N N-M N-M I-M I-M E-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3	17 23 24 110 180 181 182 183 183 184 185	I I N N-M I-M I-M E-M I-M I-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3	17 23 24 110 180 181 182 183 183 184 185 186	I I N N-M N-M I-M I-M E-M I-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT3	17 23 24 110 180 181 182 183 183 184 185 185 186 187	I I N N-M N-M I-M I-M E-M I-M I-M N-M I-M N-M	WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	17 23 24 110 180 181 182 183 184 185 184 185 186 187 189	I I N N-M N-M I-M I-M E-M I-M I-M N-M I-M N-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	17 23 24 110 180 181 182 183 184 185 184 185 186 187 189	I I N N-M N-M I-M I-M E-M I-M I-M N-M I-M N-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS

Accounting F	Period: 2019	/2					FORM	/I SA1-2E. PAGE 4.
LEGAL NAME O		CABLE SY	YSTEM:					SYSTEM ID# 62977
	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: () it is carried b monitoring, to formation about orm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be rece at the Co l sign of the statio ion's sig g a chec n's locat	I-Band FM Carriage: Under stem whenever it is received ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. inal was electronically proces 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	
KKQY	FM		HILL CITY, KS					
KKDT	FM		BURDETT, KS					
KRSL	FM		RUSSELL, KS					
	1		·					

Accounting Perio	od: 2019/2					FOR	M SA1-2E. PAGE 5.
Namo	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	NEX-TECH LLC						62977
	SUBSTITUTE CARRIAGE				<u>`</u>		
	In General: In space I, identi					on that your cable syste	am carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	• •			-		
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE			
Special Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute basi	s, any nonnet	work television program	n
Program Log	broadcast by a distant stat	ion?				YES	× NO
	Note: If your answer is "No"	. leave the	rest of this pag	e blank. If vour answer is "	'Yes." vou mu	ist complete the progra	
	log in block 2.	,			, , , ,		
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their meaning is	3
	clear. If you need more space			ows to the tables. sion program ("substitute p	orogram") tha	t during the accounting	
	period, was broadcast by a						
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further informatio	n.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" or	
			dcast live. enter	· "Yes." Otherwise enter "N	0."		
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	m.		
			•	e community to which the			
	the case of Mexican or Can Column 5: Give the mon			community with which the second the second terms are second to be substitute preserved the substitute preserved			nth
	first. Example: for May 7 giv	'e "5/7."			-		
				gram was carried by your o			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. should be	
	•	er "R" if the	listed program	was substituted for progra	mming that y	our system was <i>require</i>	ed
	to delete under FCC rules a						ram
	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	
							1
						N SUBSTITUTE	
	S		E PROGRAM				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	6. TIMES FROM — TO	
							
						_	
						_	

Accounting Period:	2019/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SYSTEM ID# 62977
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 tran (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.	smission service
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period	5,790.02 (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 \$ 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		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 2. Filing Fee (See the instructions for more information on filing fee calculations) \$	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
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM:		SYSTEM ID 6297
M Channels	to its subscribers Enter the total system carried 2. Enter the total on which the carried 	a, and (2) the cable system's t number of channels on which television broadcast stations number of activated channels able system carried television		nting period.
N Individual to Be Contacted		BE CONTACTED IF FURTH	R INFORMATION IS NEEDED (Identify an individu	al to whom
for Further Information	Name	Scott Roe		Telephone 785-625-7070
	Address 	2418 Vine Street (Number, street, rural route, apartr Hays, KS 67601 (City, town, state, zip)	nt, or suite number)	
	Email	sroe@nex-tech.	pmFa	(optional)
O Certification	• I, the undersigned	d, hereby certify that (Check on	t be certified and signed in accordance with Copyr <i>but only one</i> , of the boxes.) nership) I am the owner of the cable system as ident	
	in l	ine 1 of space B and that the over a contract of space B and that the over a contract of the space of the space	n or partnership) I am the duly authorized agent of t er is not a corporation or partnership; or corporation) or a partner (if a partnership) of the lega	
	• I have examined	e, and correct to the best of my	eby declare under penalty of law that all statements o owledge, information, and belief, and are made in go	
			X /s/ Rhonda S. Goddard nter an electronic signature on the line above to certify nter signature using an "/s/ signature" (e.g., /s/ John S	
		Typed or printed	ame: Rhonda S. Goddard	
		Title: (Title of o	Chief Financial Officer ial position 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.

		FORM SA1-2E. PA
AL NAME OF OWNER OF CAE	BLE SYSTEM:	SYSTE
(-TECH LLC		62
The Satellite Home Viewer lowing sentence: "In determining the service of providing	AT CONCERNING GROSS RECEIPTS EXCLUSIONS r Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- total number of subscribers and the gross amounts paid to the cable system for the basic g secondary transmissions of primary broadcast transmitters, the system shall not include sub- nts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Stateme Concerning Gro
For more information on w located in the paper SA1-2	hen to exclude these amounts, see the note on page (vii) of the general instructions 2 form.	Receipts Exclus
During the accounting perimade by satellite carriers t	od, did the cable system exclude any amounts of gross receipts for secondary transmissions o satellite dish owners?	
	ere and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST ASSESS		
•	orksheet for those royalty payments submitted as a result of a late payment or underpayment. est assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
		Interest Assessm
Line 1 Enter the amount	of late payment or underpayment	Interest Assessm
Line 1 Enter the amount		Interest Assessm
		Interest Assessm
	of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by the	of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by the	of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by the	of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by th Line 3 Multiply line 2 by th Line 4 Multiply line 3 by 0	of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by th Line 3 Multiply line 2 by th Line 4 Multiply line 3 by 0	of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0 in space L, (page 6 * To view the interest re	of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0 in space L, (page 6 * To view the interest re contact the Licensing	of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0 in space L, (page 6 * To view the interest re- contact the Licensing ** This is the decimal effective NOTE: If you are filing this	of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0 in space L, (page 6 * To view the interest re- contact the Licensing ** This is the decimal end NOTE: If you are filing this list below the owner, addre	of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0 in space L, (page 6 * To view the interest re- contact the Licensing ** This is the decimal effective NOTE: If you are filing this list below the owner, addree	of late payment or underpayment	Interest Assessm
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