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 COPYRIGHT	OFFICE USE ONLY	by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	08/25/2020	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED B	BY THIS STATEMENT: (YYY	Y/(Period))	

		2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20201 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	10034
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		TDS Broadband Service LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Baja Broadband	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)	
		Madison, WI 53717-2152	
		(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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	<u> </u>	MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	TDS Broadband Service LLC	10034
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	ted communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future filin	ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the
		OTATE
First	CITY OR TOWN TRUTH OR CONSEQUENCES	STATE NM
Community	SIERRA	NM
	WILLAMSBURG	NM
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM IC
Name	TDS Broadband Service	LLC							1003
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in si 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 nu separately for the particular servit Rate: Give the standard rate c unit in which it is generally billed category, but do not include discc Block 1: In the left-hand block systems most commonly provide	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or D blocks in spa / transmission umber of billing ice at the rate harged for eac (Example: "\$; ounts allowed in space E, th	cover all and radi bace F, ne ecember ce E call service. gs in that indicated th catego 20/mth"). for advar e form lis	categories of s o broadcasts b ot here. All the 31, as the cas for the number In general, you category (the r —not the numb ry of service. Ir Summarize an nce payment. ts the categorie	econdary y your sys facts you e may be of subsci can comp number of ber of sets iclude bot y standar	stem to subscrit state must be t). ribers to the cat oute the numbe persons or org s receiving serv h the amount o d rate variations	bers. Give i hose existi ole system, r of subscr anizations ice). f the charg s within a p sion servic	information ng on the broken ibers in charged e and the particular rate e that cable	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	: Where an in should be cound ble service to nce again und nas rate catego ers of services	dividual onted as a additionater "Servi pries for some that incl	or organization subscriber in e l sets would be ce to additional secondary trans ude one or mo	is receivir each appli included set(s)." smission s re second	ng service that f cable category. in the count un service that are lary transmissio	alls under Example: der "Servic different fr ns), list the	different a residential æ to the om those æm, together	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set		411	25.00	- Contra				
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel		41 \$	7.72-\$11.36					
	Commercial								
	Converter		405	A					
	 Residential Non-residential 		125	\$5.95/Mo.					
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECU In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un 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 s brief (two- or three-word) descrip	e (not subscrit hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) inform that are r ins: you con ished to usually to he cable stem furm je was m	mation with res not offered in co lo not need to g nonsubscriber billed. If any rat system for eac ished or offere ade or establis	pect to all probination give rate in s. Rate int es are cha h of the a d during ti	n with any secon nformation cond formation shoul arged on a varia pplicable servic he accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services ooth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE				RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services: Pay cable	7.40-19.99		t ion: Non-resi el, hotel	dential				
	Pay cable—add'l channel Fire protection	7.40-13.33	• Com • Pay	nmercial cable		\$0 - \$99.95			
	•Burglar protection Installation: Residential • First set	0-49.95	• Fire • Burg	cable-add'l cha protection Jar protection	innel				
	 Additional set(s) FM radio (if separate rate) Converter 	0-49.95	• Rec • Disc	ervices: onnect onnect		0-25			
				et relocation e to new addre		19.98-39.96			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	TDS Broadband Servi	ice LLC		10
	PRIMARY TRANSMITTERS:			
G	In General: In space G, ide carried by your cable system	entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the	(1) stations carried only on a part	t-time basis under
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. With respect to any distant stations car	(e)(2) and (4))]; and (2) certain st	tations carried on a
	• Do <i>not</i> list the station here station was carried <i>only</i> on			<i></i>
	basis. For further information Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a the form	ee page (v) of the general instruction ogram services such as HBO, ES	ctions. SPN, etc. Identify each
	Column 2: Give the channel of license. For example, W	the form. el number the FCC assigned to the televi /RC is channel 4 in Washington, D.C. n case whether the station is a network st	-	·
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the locatio	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list the idian stations, if any, give the name of the	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio	pendent), "I-M" ational multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KOAT	7.1	N	Albuquerque, NM
	KOAT-DT2	7.1	N-M	Albuquerque, NM
Nacorany.	KOAT-DT2	7.2	N-M	Albuquerque, NM
Rows as Necessary				
		13.1	N M	Albuquerque, NM
	KBIM-DT2	10.2	N-M	Roswell, NM
	KOBR	8.1	N	Roswell, NM
	KOBR-DT2	8.2	N-M	Roswell, NM
	KLUZ	14.1	I	Albuquerque, NM
	KUPT	29.1	l	Hobbs, NM
	KUPT-DT2	29.2	I-M	Hobbs, NM
	KTEL	15.1	l	Hobbs, NM
	KRTN	29.3	I	Hobbs, NM
	KASA	2.1	l	Santa Fe, NM
	K42EY-D	42.1	E	Las Cruces, NM
	KRPV-DT	27.1	1	Roswell, NM
		27.1		
	K45IL-D	45.1	I	Hobbs, NM
			- I	
			- I	

ounting Period	: 2020/1			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	TDS Broadband Serv	rice LLC		10
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t	ot (1) stations carried only on a part-tir	ne basis under
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76.1 se explained in the next paragraph. s: With respect to any distant stations of	61(e)(2) and (4))]; and (2) certain stati	ons carried on a
	basis under specific FCC r	ules, regulations, or authorizations: e in space G—but do list it in space I (
	basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chanm of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	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 the form. el number the FCC assigned to the tel /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis idian stations, if any, give the name of	, see page (v) of the general instruction program services such as HBO, ESPt e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a in (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

	EGAL NAME OF			/STEM:					SYSTEM II 100
ecceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. Transmitter Radio For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. Radio Soper SA1-2 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION	n General: List	every radio s	station ca	arried on a separate and disc					Н
	receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to ormation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein to the Co sign of e the static ion's sign g a check n's locati	stem whenever it is received ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which t	at the system's he system's FM ant this point, see pa sed by the cable the station is licen	eadend, and (2 enna, during c ge (v) of the c system as a so	2) it can certain st general i eparate	be expected, tated 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	
M1 A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
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Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
Neme	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
Name	TDS Broadband Servic	ce LLC						10034
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FO	CC rules, regul	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMEN				- J		·- F-F	
Special	During the accounting per	-			is any nonnet	work telev	ision program	n
Statement and	broadcast by a distant star	-			, u,	[YES	XNO
Program Log	-				<i></i>			
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complet	e the progra	n
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if the	ir meaning is	
	clear. If you need more spa							
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							1.
	"NBA Basketball: 76ers vs.				,		,	
	Column 2: If the program							
	Column 3: Give the call : Column 4: Give the broa					need by the	= ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon						with the mor	nth
	first. Example: for May 7 giv							
	Column 6: State the time to the nearest five minutes.	es when the	e substitute prog	gram was carried by your	cable system.	List the tir	nes accurate	ly
	stated as "6:00–6:30 p.m."	Example. a	a program carne	ed by a system norr 0.01.	15 p.m. to 0.2	0.30 p.m. s		
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our system	was require	d
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	d; enter the let	ter "P" if the	e listed progr	
	was substituted for program		our system wa	s permitted to delete unde	er FCC rules a	nd regulati	ons in	
	effect on October 19, 1976.							
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCC		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. FROM	TIMES — TO	DELETION
							-	
								.
					_		_	
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	TDS Broadband Service LLC		10034
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all 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 amount, see	1,912.13 iss receipts)
_	COPYRIGHT ROYALTY FEE		
L 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.	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-mon	
	Line 1. Royalty fee for accounting period	·	
	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 \$137,1		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K \$ 151,912.13	-	
	3. Subtract line 2 from line 1 \$ 111,887.87	-	
		151,912.13	
		111,887.87	
	6. Subtract line 5 from line 4	40,024.26	
	7. Multiply line 6 by .005 (enter figure here)		200.12
	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	\$	200.12
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	-	
	3. Subtract line 2 from line 1	<u>-</u>	
	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)	200.12	
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	\$	220.12
	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:	2020/1		FORM SA1-2E. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: Dand Service LLC	SYSTEM ID# 10034
M Channels	to its subscrib 1. Enter the to	: You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	16
	2. Enter the to on which the	ied television broadcast stations	292
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Stephanie Weber Telephone (608) 664-4721
	Address	525 Junction Rd (Number, street, rural route, apartment, or suite number)	
		Madison, WI 53717 (City, town, state, zip)	
	Email	finance@tdstelecom.com Fax (optional)	
		N /This statement of account must be partified and signed in accordance with Convright Office regulations)	
O Certification		DN (This statement of account must be certified and signed in accordance with Copyright Office regulations) igned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Ow	vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; d	or
	(Ag	jent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys in line 1 of space B and that the owner is not a corporation or partnership; or	tem as identified
	X (Of	fficer 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.	r of the cable system
	are true, comp	' ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein blete, and correct to the best of my knowledge, information, and belief, and are made in good faith. action 1001(1986)]	
		X /s/ Sharon V. Tisdale	
		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: Sharon V. Tisdale	
		Title: Assistant Treasurer (Title of official position held in corporation or partnership)	
		Date: August 25, 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 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 telephoi 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 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 filing, a determination that would be made by a court of lave

unting Period: 2020/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Broadband Service LLC	100
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 su scribers 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	Ib- Special Statemen Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	nt. Q
	nt. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	La Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	days
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