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

30932

STATEMEN	IT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	by email to:
	Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instruction	ons are located	8/7/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A A	2020/1	BY THIS STATEMENT: (YYY Period 1 = January 1 - June 30 Barcode Data Filing Period (optional - s	Period 2 = July 1 - December 31	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of th of the subsidiary, not that of the parent co	-	ry of another corporation, give the full corp	porate title
Owner	List any other name or names under which	the owner conducts the business of the o	cable system.	
	If there were different owners during the a single statement of account and royalty fe			bmit a

Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.

		check here in this is the system s hist hing. If hot, enter the system s ib humber assigned by the Electioning Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Cunningham Communications, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number)
		Glen Elder, KS 67446-9795
		(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 sufficiency of the fling, a determination that would be made by a court of law.

Return completed workbook

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Cunningham Communications, Inc.	30932
D Area	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor 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 fil Note: Entities and properties such as hotels, apartments, condominiums, or r	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know ings.
Served	identified city.	
	CITY OR TOWN	STATE
First	Randall	KS
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C								-2E. PAGE
Name	Cunningham Communi							515	30932
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
	system, that is, the retransmissi								
Secondary	about other services (including p	bay cable) in sp	bace F, n	ot here. All th	e facts yoι	u state must be			
Transmission	last day of the accounting period	<b>`</b>		,	,	/	ble evetere	haltan	
Service: Sub- scribers and	Number of Subscribers: Bot down by categories of secondar	•							
Rates	each category by counting the n	•				•			
	separately for the particular serv	vice at the rate	indicated	d-not the nur	nber of set	ts receiving ser	vice).	-	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc					rd rate variation	is within a	particular rate	
	Block 1: In the left-hand block					ondary transmi	ssion servi	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca					•••	•		
	first set" and would be counted of								
	Block 2: If your cable system	has rate categ	ories for	secondary tra	nsmission				
	printed in block 1 (for example, 1					-			
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and block. A t	wo- or thre	e-word descrip	tion of the s	service is	
		OCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТЕ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	00000110						GOBGORIBEIRG	
	Service to first set		13	45.50					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
-	In General: Space F calls for ra					ll your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
Comisso	service for a single fee. There a	•			•		0.	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the up								
	enter only the letters "PP" in the			<b>,</b> .				· · · · · · · · · · · · · · · · · · ·	
Secondary									
Fransmissions:	Block 2: List any services that				-	-			
•	-		yo was n				1000 111 111		
Fransmissions:	listed in block 1 and for which a brief (two- or three-word) descri		de the ra						
Fransmissions:	listed in block 1 and for which a	ption and inclue							
Fransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip	ption and inclue BLO	CK 1	te for each.		RATE	CATEGO	BLOCK 2	RATE
Fransmissions:	listed in block 1 and for which a	ption and inclue	CK 1 CATEG		VICE		CATEGO	BLOCK 2 DRY OF SERVICE	RATE
Fransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclue BLO	CK 1 CATEG Installa	te for each. ORY OF SER	VICE				
Fransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and includ BLO RATE	CK 1 CATEG Installa • Mote	te for each. ORY OF SER tion: Non-res	VICE			DRY OF SERVICE	####
Fransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and includ BLO RATE	CK 1 CATEG Installa • Mote • Com	te for each. ORY OF SER tion: Non-res	VICE		Expand Digital HD Plu	DRY OF SERVICE ded Basic Basic S	#### 14.9
Fransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	ption and includ BLO RATE	CK 1 CATEG Installa • Mote • Con • Pay	te for each. ORY OF SER tion: Non-res el, hotel mercial	VICE		Expand Digital HD Plu	DRY OF SERVICE ded Basic Basic	#### 14.95 4.95
Fransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and includ BLO RATE	CK 1 CATEG Installa • Moto • Com • Pay • Pay	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable	VICE		Expand Digital HD Plu	DRY OF SERVICE ded Basic Basic S	RATE #### 14.95 4.95 11.40
Fransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	ption and includ BLO RATE	CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire	te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable	VICE idential		Expand Digital HD Plu	DRY OF SERVICE ded Basic Basic S	#### 14.99 4.99
Fransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	ption and includ BLO RATE	CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg	te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l cl protection	VICE idential		Expand Digital HD Plu	DRY OF SERVICE ded Basic Basic S	#### 14.99 4.99
Fransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	ption and includ BLO RATE	CK 1 CATEG Installa • Moto • Com • Pay • Pay • Fire • Burç Other s • Rec	te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l cl protection glar protection ervices: onnect	VICE idential		Expand Digital HD Plu	DRY OF SERVICE ded Basic Basic S	#### 14.99 4.99
Fransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	ption and includ BLO RATE	CK 1 CATEG Installa • Moto • Com • Pay • Pay • Fire • Burç Other s • Rec • Disc	te for each. ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l cl protection glar protection glar protection ervices: onnect connect	VICE idential	RATE	Expand Digital HD Plu	DRY OF SERVICE ded Basic Basic S	#### 14.99 4.99
Fransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	ption and includ BLO RATE	CK 1 CATEG Installa • Moto • Com • Pay • Pay • Fire • Burç Other s • Rec • Disc	te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l cl protection glar protection ervices: onnect	VICE idential	RATE	Expand Digital HD Plu	DRY OF SERVICE ded Basic Basic S	#### 14.99 4.99

ccounting Period: 2	2020/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
	Cunningham Commu	inications, Inc.		3093
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters:	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting tl e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph.	<i>t</i> (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta	time basis under rams [sections ations carried on a
Television	basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further information	also in space I, if the station was carrie on concerning substitute basis stations,	he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc	Log)—if the to on some other tions.
	multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele /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-air designation. For example, rep evision station for broadcasting over station, an independent station, or a	ort multistream the air in its community a noncommercial
	(for independent multicast) For the meaning of these to <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana	, "E" (for noncommercial educational), c erms, see page (iv) of the general instru- on of each station. For U.S. stations, list idian stations, if any, give the name of t	or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station he community with which the station	ional multicast). n is licensed by the n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNB	4	Ν	Superior, NE
	KSNC	2	Ν	Great Bend, KS
Add Rows as Necessary	KSNT	22	N	Topeka, KS
	KFXL	4	Ν	Superior, NE
	KSCW	33	Ν	Wichita, KS
	KAKE	10	Ν	Wichita, KS
	KBSH	7	Ν	Hays, KS
	WIBW	13	Ν	Topeka, KS
	KOOD	9	E	Bunker Hill, KS
	KGIN	10	Ν	Lincoln, NE
	KHGI	13	N	Kearney, NE
	KAAS	18	N	Salina, KS
	KSHB	41	N	Kansas City, MO
	KMTW	35	N	Wichita, KS
	KTMJ	43	N	Topeka, KS
	КТКА	49	N	Topeka, KS
	KTKACW+	49	N	
		49	N	Topeka, KS

EGAL NAME OI								SYSTEM 309
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recei it the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processor mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0	) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions 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	
0,122 0.011		0.12		0.122 0.011	7 0. 1	0,2		

Accounting Perio	od: 2020/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cunningham Commu	nications,	Inc.					30932
	SUBSTITUTE CARRIAG				)G			
		-	-			tion that w		
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the program							
Carriage:					ne general in			
Special	1. SPECIAL STATEMEN							
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	ition?					YES	NO
	Note: If your anowar is "No	" loovo tha	root of this no	aa blank If your anower i	- "V " v	must som		
	Note: If your answer is "No	, leave life	rest of this pa	age blank. If your answer i	s res, your	must comp	iele lle prof	Ian
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if t	heir meaning	gis
	clear. If you need more spa					م منابع ما	4	·
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re		,	,			,	
	Do not use general catego							
	"NBA Basketball: 76ers vs.					, -	,	
				er "Yes." Otherwise enter				
				casting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car							41-
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	is, with the h	nonth
			e substitute or	ogram was carried by you	r cable syste	m list the	times accur	ately
	to the nearest five minutes							atery
	stated as "6:00–6:30 p.m."		a program our					
		ter "R" if the	listed prograr	n was substituted for prog	ramming that	t your syste	em was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for prograr		your system w	as permitted to delete und	der FCC rules	s and regul	ations in	
	effect on October 19, 1976	•						
				A		N SUBST		7. REASON FOR
	3	1	E PROGRAM			AGE OCC		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	
		100 01 110	0,122 01011					
							_	
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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#
Naille	Cunningham Communications, Inc.		30932
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	3,272.30 ss 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 \$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	¢	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 \$137,1	00)	
	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)	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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	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		nts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: a Communications, Inc.	SYSTEM ID# 30932
M Channels	<ol> <li>to its subscribe</li> <li>Enter the toi system carrie</li> <li>Enter the toi on which the</li> </ol>	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	. 17
N Individual to Be Contacted	we can contac	TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)	
for Further Information	Name		e 785-545-3215
	Address	PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number) Glen Elder, KS 67446 (City, town, state, zip)	
	Email	brent@ctctelephony.tv Fax (optional) 785-545-3	277
O Certification	I, the undersig     X     (Ow     (Age     i     (Off     i     I have examin     are true, compl	IN (This statement of account must be certified and signed in accordance with Copyright Office regulations gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained her lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	e B; or le system as identified owner of the cable system
		X       /s/ Brent Cunningham         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: Brent Cunningham Title: GM/VP (Title of official position held in corporation or partnership)	
		Date: 8-7-20	

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.

unting Period: 2020/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ningham Communications, Inc.	309
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	_
Name     Mailing Address	
<b>INTEREST ASSESSMENT</b> 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here       -         x       -         x       -         x       -	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x       days         Line 3       Multiply line 2 by the number of days late and enter the sum here         x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x       -         x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6       \$	-
x	-
x	-
x	-
x	
x	
x	
x	
x	

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 th 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.