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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED AMOUNT								
10/30/20	\$ ALLOCATION NUMBER							

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20201 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
		CORN BELT TELEPHONE CO INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 445 (Number, street, rural route, apartment, or suite number)
		WALL LAKE, IA 51466 (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:
	<u> </u>	CORN BELT COMMUNICATIONS
		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.

Accounting Period:	•	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CORN BELT TELEPHONE CO INC								
	Instructions: List each separate community served by the cable system. A "c	community" is the same as a "community unit" as defined in FCC rules:							
D	"a separate and distinct community or municipal entity (including unincorpo	orated communities within unincorporated areas and including single,							
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter								
	as the "first community." Please use it as the first community on all future fi								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Served	identified city.								
	CITY OR TOWN	STATE							
First	Wall Lake	IA							
Community	Lake View	iA							
-	Sac City	IA							
Add Rows as Necessary									
Add Nows as Necessary									

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CORN BELT TELEPHONE CO INC

SYSTEM ID#
6925

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient

BLO	OCK 1	BLOCK 2					
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	2,642	102.50					
 Service to additional set(s) 							
 FM radio (if separate rate) 			NURSING HOME	6	#####		
Motel, hotel	12	506.20	NURSING HOME	6	#####		
Commercial	174	102.50					
Converter							
Residential							
Non-residential							
		1		1	· · · · · · · · · · · · · · · · · · ·		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable		Motel, hotel	59.95	
 Pay cable—add'l channel 		Commercial	59.95	
Fire protection		• Pay cable		
 Burglar protection 		Pay cable-add'l channel		
Installation: Residential		Fire protection		
First set	59.95	Burglar protection		
Additional set(s)	-	Other services:		
 FM radio (if separate rate) 		Reconnect	35.00	
Converter		Disconnect		
		Outlet relocation	50.00	
		Move to new address		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 6925

PRIMARY TRANSMITTERS: TELEVISION

Primary Transmitters: Television

G

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTIV	4	N	SIOUX CITY, IA
woı	5	N	AMES, IA
КРТН	44	N	SIOUX CITY, IA
KCCI	8	N	DES MOINES, IA
KCAU	9	N	SIOUX CITY, IA
KTIN	11	E	FORT DODGE, IA
KMEG	14	N	SIOUX CITY, IA
KTIV HD	4.1	N	SIOUX CITY, IA
KTIV CW	4.2	N-M	SIOUX CITY, IA
KTIV METV	4.3	N-M	SIOUX CITY, IA
KTIV COURT TV	4.4	N-M	SIOUX CITY, IA
KPTH HD	44.1	N	SIOUX CITY, IA
KPTH THIS	44.2	N-M	SIOUX CITY, IA
KPTH CHARGE	44.3	N-M	SIOUX CITY, IA
KPTH STADIUM	44.4	N-M	SIOUX CITY, IA
WOI HD	5.1	N	AMES, IA
KMEG HD	14.1	N	SIOUX CITY, IA
KMEG TBD TV	14.2	N-M	SIOUX CITY, IA
KMEG COMET TV	14.3	N-M	SIOUX CITY, IA
KTIN HD	21.1	E	FORT DODGE, IA
KTIN LEARNS	21.2	E-M	FORT DODGE, IA
KTIN WORLD	21.3	E-M	FORT DODGE, IA
KCAU HD	9.1	N	SIOUX CITY, IA

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6925 CORN BELT TELEPHONE CO INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION SIOUX CITY, IA **KCAU ESCAPE** 9.2 N-M **KCAU BOUNCE TV** 9.3 N-M SIOUX CITY, IA **KCAU LAFF** 9.4 N-M SIOUX CITY, IA **WOI LAFF** 5.2 N-M AMES, IA **WOI GRIT** 5.3 AMES, IA N-M

N-M

AMES, IA

5.4

WOI COZI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CORN BELT TELEPHONE CO INC

692

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable 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. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with 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
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Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.		
Namo	LEGAL NAME OF OWNER OF							SYSTEM ID#		
Name	CORN BELT TELEPHONE CO INC 69									
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, the substitute basis during the accounting period, under specific present and former FCC rules, regulation explanation of the programming that must be included in this log, see page (v) of the general instruction of the program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwore broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must do log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, do period, was broadcast by a distant station and that your cable system substituted for the program under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for Do not use general categories like "movies" or "basketball." List specific program titles, for examp "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program.								ons, or authorizations. For a further tions in the paper SA1-2 form. ork television program YES X NO complete the program ole, if their meaning is during the accounting mming of another station for further information.		
	first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progra	ive "5/7." nes when the Example: ter "R" if the and regulated mming that	e substitute pr a program car e listed prograr ions in effect c	m was substituted for prog during the accounting perio	ir cable syste 1:15 p.m. to 6 gramming that od; enter the	m. List the 5:28:30 p.r t your syst letter "P" i	e times accur m. should be tem was <i>requ</i> f the listed pr	rately		
	effect on October 19, 1976		E PROGRAM	л		N SUBSI	TITUTE CURRED	7. REASON FOR		
	TITLE OF PROGRAM		3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES TO	DELETION		
		100 01 110	CALL CICIA	1. CIVITON C ECONTION	71142 2711	THOM	_			
		 								
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counting Period:	2020/1			FORM S	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CORN BELT TELEPHONE CO INC			;	SYSTEM II
	CORN BELL TELEFHONE CO INC				692
V	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar				
K Bross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation				
	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 re			-	18,970.76 ross receipts)
		,001pto.		(Amount of g	Toss receipts)
	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 			263,800	
	See page (vi) of the general instructions located in the paper SA1-2 form for more i				
	BLOCK 1: GROSS RECEIPTS OF \$13				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	ty fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			. <u> </u>	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	7 7 77 37 3				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES 1. Base amount under statutory formula				
	,			_	
	Enter amount of gross receipts from space K			_	
	3. Subtract line 2 from line 1			-	
	Enter the amount of gross receipts from space K			248,970.76	
				14,829.24	
	Subtract line 5 from line 4				4 470 74
	Nutritiply line 6 by 3005 (enter ligure here) Interest charge. Enter the amount from line 4, space Q, page 8			-	1,170.71 0.00
	o. Interest charge. Effer the amount from line 4, space Q, page 6				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	7 and 8		\$	1,170.71
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but I	less than \$527	7,600)	
	Enter the amount of gross receipts from space K			_	
	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)				
	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	I, 5, and 6 .		-	
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and			•		
otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,170.71	
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			\$	1,190.71
					.,

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7.			
Name		WNER OF CABLE SYSTEM: ELEPHONE CO INC				SYSTEM ID# 6925			
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.								
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of accoun		E D (Identify an ind	ividual to whom				
for Further Information	Name	EMILY SWENSEN			Telephone	712-664-2221			
	Address	108 MAIN ST PO BOX							
		WALL LAKE, IA 5146 (City, town, state, zip)	6						
	Email	CBTELCO@NE	TINS.NET		Fax (optional)				
0	CERTIFICATION (This statement of account mu	ıst be certified and signed in a	accordance with Co	opyright Office regulations)				
Certification	• I, the undersigne	ed, hereby certify that (Check o	ne,but only one, of the boxes.)						
	(Owner	r other than corporation or p	artnership) I am the owner of t	the cable system as	s identified in line 1 of space	B; or			
		of owner other than corpora ine 1 of space B and that the o			ent of the owner of the cable	system as identified			
		er or partner) I am an officer (i ine 1 of space B.	f a corporation) or a partner (if	a partnership) of th	e legal entity identified as ov	vner of the cable system			
		the statement of account and e, and correct to the best of my on 1001(1986)]				n			
			X /S/ BILL BROT	HERTON					
			Enter an electronic signature or Enter signature using an "/s/ sig		•				
		Typed or printed	name: BILL BROTHE	ERTON					
		Title: (Title of of	VICE PRESIDENT	artnership)					
		Date:			7/20/20				

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.

Accounting Period: 2020/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 6925 CORN BELT TELEPHONE CO INC 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ 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. **Interest Assessment** davs 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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number

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.

First community served Accounting period