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							
8/9/21	\$							
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20211 Barcode Data Filing Period (optional - see instructions)
Accounting	20211
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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Northland Communications, Inc.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 66 (Number, street, rural route, apartment, or suite number)
	Clear Lake, IA 50428
	[City, fown, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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.

Name LEGAL MARC & OWNER OF CALLE SYSTEM. ON orthinal Community and special particle community served by the cable system. A "community" is the same as a "community with "a defined a discrete unincorporated areas," at 7.C.F.R. 7.5.(3d), The first community that you list will serve as a form of system identification here as the "first community." Please use it as the first community and unincorporated areas, and include discrete unincorporated areas," at 7.C.F.R. 7.5.(3d), The first community had you list will serve as a form of system identification here as the "first community." Please use it as the first community on all future fillings. Note: Entities and properties such as hotels, apartments, condominium, or mobile home parties should be reported in parentheses bed identified city. CITY OR TOWN STATE Clear Lake I.A. CITY OR TOWN A CLEAR SYSTEM. CITY OR TOWN STATE Clear Lake I.A.	1		FORM SA1-2E. PAC
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includ discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification here as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city. CITY OR TOWN STATE Clear Lake IA	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includ discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification here as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city. CITY OR TOWN STATE Community Clear Lake IA			618
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification here as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city. CITY OR TOWN STATE Community Clear Lake IA			
Area Served Area Served CITY OR TOWN First Community Clear Lake Community Clear Lake Community Circh. 76.5(ad). The first community that you list will serve as a form or system identification here as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city. CITY OR TOWN STATE Clear Lake IA	D		
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city. CITY OR TOWN STATE Community Clear Lake IA			
Area Served identified city. CITY OR TOWN STATE First Clear Lake IA Community			
CITY OR TOWN STATE First Clear Lake IA Community			mobile nome parks should be reported in parentheses below the
First Community IA	Served	identified city.	
First Community IA			
First Community IA	ŀ	CITY OF TOWN	STATE
Community	Firet		
		Oleai Lake	
A Constitution of the Cons	Community		
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Accounting Period: 2021/1
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61823

Northland Communications, Inc.

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.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,394	\$38.95				
Service to additional set(s)	2,665	\$4.95				
• FM radio (if separate rate)						
Motel, hotel						
Commercial	7	\$79.12				
Converter						
Residential						
Non-residential						
1		1		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 		Cinemax Plex	\$14.95
 Pay cable—add'l channel 		Commercial		HBO Plex	\$18.95
Fire protection		• Pay cable		HBO & Cinemax	\$32.95
•Burglar protection		 Pay cable-add'l channel 		Showtime Plex	\$14.95
Installation: Residential		 Fire protection 		Starz Plex	\$12.95
• First set	\$99.95	 Burglar protection 			
 Additional set(s) 	\$90.00	Other services:			
 FM radio (if separate rate) 		 Reconnect 	\$35.00		
Converter		Disconnect			
		 Outlet relocation 	\$90.00		
		 Move to new address 	\$99.95		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61823

Northland Communications, Inc.

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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
KIMT	3	N	MASON CITY IOWA
KIMT-MY3.2	3.2	N-M	MASON CITY IOWA
KIMT-ION	39	N-M	MASON CITY IOWA
KIMT 3.4	3.4	N-M	MASON CITY IOWA
KAAL	6	N	AUSTIN MINNESOTA
KAAL 6.2	6.2	N-M	AUSTIN MINNESOTA
KXLT	47	N	ROCHESTER MINNESOTA
KXLT 47.2	47.2	N-M	ROCHESTER MINNESOTA
KXLT 47.3	47.3	N-M	ROCHESTER MINNESOTA
KXLT 47.4	47.4	N-M	ROCHESTER MINNESOTA
KXLT 47.5	47.5	N-M	ROCHESTER MINNESOTA
кттс	10	N	ROCHESTER MINNESOTA
KTTC-CW	10.2	l	ROCHESTER MINNESOTA
KTTC 10.3	10.3	N-M	ROCHESTER MINNESOTA
KTTC 10.4	10.4	N-M	ROCHESTER MINNESOTA
KTTC 10.5	10.5	N-M	ROCHESTER MINNESOTA
KYIN	11	E	MASON CITY IOWA
KYIN11.2	11.2	E-M	MASON CITY IOWA
KYIN11.3	11.3	E-M	MASON CITY IOWA
KYIN11.4	11.4	E-M	MASON CITY IOWA
KSMQ-PBS	20	E	AUSTIN MINNESOTA

Accounting Period: 2021/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Northland Communications, Inc.

61823

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
NONE							
NOINE							
						ļ	
		l					
						 	

A	-1-2024 /4									500	101105 01055
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:							FURI	SYSTEM ID#
Name	Northland Communic										61823
											0.020
Substitute Carriage:	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the program	tify every non accounting p ning that mu	nnetwork televi period, under sp est be included	isioi peci in th	n program, broadcast by fic present and former F his log, see page (v) of the	a <i>distant</i> si CC rules, re	gula	itions, d	or auth	norizatio	ns. For a further
Special	SPECIAL STATEMEN During the accounting per	_				eie anv noi	nnet	work te	اعاريماد	ion nroa	ram
Statement and Program Log											
Program Log	_		root of this ne		blank If your analyse is	"Voo" vo		at aana		_	
	Note: If your answer is "No log in block 2.	, leave the	e rest or triis pa	age	biank. II your answer is	res, you	mu	St COM	piete	the brog	gram
	2. LOG OF SUBSTITUT In General: List each subsclear. If you need more spondered was broadcast by a under certain FCC rules, red to not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the broad the case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tim 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 program	actitute progra ace, please of every no a distant sta egulations, or ries like "mo Bulls." m was broa sign of the adcast stati nadian stati nath and day ive "5/7." les when the Example:	am on a separ add additiona connetwork tele tion and that your authorizatio covies" or "bask adcast live, ent station broadd on's location (ons, if any, they when your sy e substitute pra program car elisted programions in effect of	ll rovervision of the control of the	ws to the tables. on program ("substitute cable system substitut See page (v) of the ger all." List specific progra Yes." Otherwise enter " ing the substitute progr community to which the mmunity with which the m carried the substitute am was carried by your by a system from 6:01 as substituted for progr ng the accounting perio	e program") ed for the perent instruction instruction is estation is exprogram. It cable systems to demand the demander of the program in the program is examined; enter the	that that the that the trooper ction of examilicent dental that the trooper ction of the troo	t, durin rammir as for fu ample, nsed by tified). numer List the 3:30 p. bur sys er "P"	g the ng of a urther "I Lov y the I als, w e time m. sho tem w if the I	account another informare Lucy" FCC or, with the res accurrould be was requisited principle.	ing station tion. or in month ately
	effect on October 19, 1976							SUBS			7 PEASON FOR
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S	1		5. MONTH		6.	TIME		7. REASON FOR DELETION
	1. TITLE OF FROGRAM	Yes or No	CALL SIGN	4.	STATION'S LOCATION	AND DAY	F	FROM	_	ТО	
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counting Period:	2021/1			FORM S	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			,	SYSTEM II
- Tunio	Northland Communications, Inc.				6182
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an	id the amou	int you nay. En	ter the total of	
K Gross 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	ystem's se	condary transm	ission service	
Sioss Receipts	page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	on or now to	o compute this a	I I I I I I I I I I I I I I I I I I I	
	during the accounting period			\$ 42	28,231.34
	IMPORTANT: You must complete a statement in space P concerning gross re	ceipts.		(Amount of g	ross receipts)
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:				
Copyright	Complete block 1, block 2, or block 3.				
Royalty Fee	 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 l 			263,800	
	 Use block 3 if the amount of gross receipts in space K is more than \$263,800 I See page (vi) of the general instructions located in the paper SA1-2 form for more i 				
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	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 lin	nes 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1			<u>.</u>	
	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	3,800 (but I	ess than \$527	,600)	
	Enter the amount of gross receipts from space K	\$	428,231.34		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	164,431.34		
	4. Multiply line 3 by .01		\$	1,644.31	
	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			¢	2,963.31
				_Ψ	2,303.31
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,963.31	
			\$	20.00	
Due	Filing Fee (See the instructions for more information on filing fee calculations) .				
	Filling Fee (See the instructions for more information on filling fee calculations). TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,983.31

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNE Northland Commur					SYSTEM ID# 61823
M Channels	to its subscribers, and t. Enter the total numbers system carried televior. Enter the total number on which the cable services.		al number of activated he cable			21 177
N Individual to Be Contacted	we can contact about	this statement of account		EEDED (Identify an individual to who		2444
for Further Information	Address PC	D Box 66	nt, or suite number)		Telephone 641-357-	2111
		ear Lake, IA 50428 y, town, state, zip)	com	Fax (optiona	l) 641-357-8800	
0	CERTIFICATION (This	s statement of account mu	t be certified and signe	d in accordance with Copyright Office	regulations)	
Certification		ereby certify that (Check or				
				er of the cable system as identified in li n the duly authorized agent of the owne		entified
	in line 1	of space B and that the over partner) I am an officer (if	ner is not a corporation		•	
	I have examined the s	d correct to the best of my		alty of law that all statements of fact co and belief, and are made in good faith.	ontained herein	
			X /s/ Thoma:	s A. Lovell ure on the line above to certify this state	ment.	
		Typed or printed		/s/ signature" (e.g., /s/ John Smith)		
		Title:	General Manager			
			ial position held in corporati			
		Date:		8/9/202	1	

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: 2021/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 61823 Northland Communications, 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 First community served Accounting period

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.