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						
02/01/2022	\$ 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))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	Barcode Data Filing Period (optional - see instructions)
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
	Sandhill Telephone Cooperative
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 519, 122 S. Main Street
	(Number, street, rural route, apartment, or suite number)
	Jefferson, SC 29718 (City, town, 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 suffciency of the fling, a determination that would be made by a court of law.

Name Second Seco		<u></u>	FORM SA1-2E. PAGI				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 the identified city. CITY OR TOWN STATE First Community Chesterfield SC Jefferson SC Rows as Necessary McBee SC Pageland SC Patrick SC	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 the identified city. CITY OR TOWN STATE Bethune Community Chesterfield SC Jefferson SC Rows as Necessary McBee SC Pageland SC Patrick SC	Name						
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 the identified city. CITY OR TOWN STATE Bethune Community Chesterfield SC Jefferson SC Pageland SC Patrick SC							
Area Served identified city. First Community Bethune SC Community Chesterfield SC Rows as Necessary McBee SC Pageland SC Pageland SC Patrick SC	D	"a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single t will serve as a form of system identification hereafter kno				
CITY OR TOWN STATE			ome parks should be reported in parentheses below the				
First Bethune SC Community Chesterfield SC Jefferson SC Rows as Necessary McBee SC Pageland SC Patrick SC	Served	adentified dity.					
First Bethune SC Community Chesterfield SC Jefferson SC Rows as Necessary McBee SC Pageland SC Patrick SC		CITY OR TOWN	STATE				
Community Chesterfield SC Jefferson SC Rows as Necessary McBee SC Pageland SC Patrick SC	First	Bethune	SC				
Rows as Necessary McBee SC Pageland SC Patrick SC	Community		SC				
Rows as Necessary MCBee SC Pageland SC Patrick SC	•						
Pageland SC Patrick SC							
Patrick SC	Rows as Necessary						
Ruby SC		Patrick	SC				
		Ruby	SC				

Accounting Period: 2021/2 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63366 Sandhill Telephone Cooperative SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken

scribers and Rates

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	1,818	35.45	Additional Tier	2,263	57.00
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		•			

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 1				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		 Motel, hotel 		Starz/Encore	12.00
Pay cable—add'l channel		 Commercial 		EPIX	7.00
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set		 Burglar protection 			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		 Reconnect 			
Converter		Disconnect			
		Outlet relocation	90.00		
		 Move to new address 	-		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63366

Sandhill Telephone Cooperative PRIMARY TRANSMITTERS: TELEVISION

G

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
WACH	48	<u> </u>	Columbia, SC
WAXN-DT	50	<u>l</u>	Kannapolis, NC
WBTV-DT	23	N	Charlotte, NC
WHKY	40	<u>l</u>	Hickory, NC
WCCB-DT	27	<u>l</u>	Charlotte, NC
WCCB-DT3	27.1	I-M	Charlotte, NC
WCNC-DT	22	N	Charlotte, NC
wis	10	N	Columbia, SC
WJPM-DT2	45.1	E-M	Florence, SC
WJPM-DT3	45.2	E-M	Florence, SC
WJPM-TV	45	E-M	Florence, SC
WJZY	46	<u>l</u>	Belmont, NC
WLTX	17	N	Columbia, SC
WMYT	55	<u>l</u>	Rock Hill, SC
WOLO-TV	8	N	Columbia, SC
WOLO-DT	8.1	N-M	Columbia, SC
WPDE-TV	16	N	Florence, SC
WSOC-DT	34	N	Charlotte, NC
WSOC-DT2	34.1	N-M	Charlotte, NC
WWMB	21	<u>l</u>	Florence, SC
WISDT2	10.2	N	Columbia, SC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63366

Sandhill Telephone Cooperative

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.

Primary Transmitters: Radio

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.

- 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
							
	 						
						 	
	 						
						 	
							
							
		[
	+						

Accounting Perio	nd: 2021/2						EODI	M SA1-2E. PAGE 5.		
recounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#		
Name	Sandhill Telephone C	ooperativ	е					63366		
	SUBSTITUTE CARRIAG	F: SPECIA	AI STATEME	NT AND PROGRAM I O	G					
ı	In General: In space I, iden	_	_			tion, that y	our cable sys	tem carried on a		
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furl explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant sta		,	, ,	, ,		YES	X NO		
Program Log	Note: If your answer is "No		rest of this na	age blank. If your answer is	e "Ves " vou r	must com	_			
	log in block 2.	, icave the	, rest or tills pe	ige blank. If your answer is	s res, your	nust com	picto trio prog	grann		
	2. LOG OF SUBSTITUT	F PROGRA	AMS							
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if	their meaning	g is		
	clear. If you need more spa				W. 41					
	period, was broadcast by a			vision program ("substitute our cable system substitut						
	under certain FCC rules, re									
	Do not use general catego		ovies" or "bask	etball." List specific progra	ım titles, for e	example, '	'I Love Lucy"	or		
	"NBA Basketball: 76ers vs. Column 2: If the progra		dcast live, ent	er "Yes." Otherwise enter "	'No."					
	Column 3: Give the call	sign of the	station broado	asting the substitute progr	am.					
				the community to which the			the FCC or,	in		
	the case of Mexican or Car Column 5: Give the mo		, ,	stem carried the substitute		,	als. with the r	nonth		
	first. Example: for May 7 gi	ive "5/7."	, ,							
	Column 6: State the time to the nearest five minutes			ogram was carried by your				ately		
	stated as "6:00–6:30 p.m."	. Example.	a program car	ned by a system from 6.01	. 15 p.111. to 0	1.20.30 p.i	II. SHOUIG DE			
	Column 7: Enter the let			n was substituted for prog						
	to delete under FCC rules							ogram		
	was substituted for programe ffect on October 19, 1976	•	your system w	as permitted to delete und	ier FCC rules	and regu	liations in			
		•								
		LIBSTITLIT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON					
		2. LIVE?			5. MONTH		TIMES	DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO			
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Accounting Period:	2021/2			FORM S	SA1-2E. PAGE 6			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sandhill Telephone Cooperative			\$	YSTEM ID:			
	Canadim relephone cooperative				03300			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an 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 receipts.	system's son of how	econdary trans to compute this	mission servi amount, see	ce			
		'		(, , , , , ,			
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less th	an \$527,600	\$263,800				
	BLOCK 1: GROSS RECEIPTS OF \$137,	,100 OR L	ESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	ty fee that	you must pay fo	r this six-mon	tl			
	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					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	ore than \$137,	100)				
	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)				
	Enter the amount of gross receipts from space K	\$	393,406.38					
	Base amount under statutory formula	\$	263,800.00					
	3. Subtract line 2 from line 1	\$	129,606.38					
	4. Multiply line 3 by .01		\$	1,296.06				
	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	l, 5, and 6		\$	2,615.06			
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,615.06				
Due	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			\$	2,635.06			
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-		-		ights!			

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7.						
Name		OWNER OF CABLE SYSTEM: whone Cooperative	SYSTEM ID# 63366						
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								
	on which the ca	Il number of activated channels sable system carried television broadcast stations cast services	202						
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)							
for Further Information	Name	Missy Sikes Telephone 843-658	-6850						
	Address	P.O. Box 519 (Number, street, rural route, apartment, or suite number)							
		Jefferson, SC 29718 (City, town, state, zip)							
	Email	missy.sikes@mysandhill.net Fax (optional)							
0	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)							
Certification	• I, the undersigne	ed, hereby certify that (Check one, but only one, of the boxes.)							
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or							
		t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as ic line 1 of space B and that the owner is not a corporation or partnership; or	dentified						
	in	eer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the c line 1 of space B.	able system						
		d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]							
		X /s/ C. Lee Chambers							
		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: C. Lee Chambers							
		Title: CEO/Manager (Title of official position held in corporation or partnership)							
		Date: 2/1/2022							

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63366 Sandhill Telephone Cooperative 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? NO 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 x = 0.00274Line 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

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.

Accounting period