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						
2/28/22	\$ 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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2021/2
		Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a
		single statement of account and royalty fee payment covering the entire accounting period. 6545
		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
		CABLE ONE, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		210 E. EARLL DRIVE
		(Number, street, rural route, apartment, or suite number)
		PHOENIX, AZ 85012 (City, town, state, zip)
С		CUCTIONS: 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:
		SPARKLIGHT
		MAILING ADDRESS OF CABLE SYSTEM:
	2	230 5TH AVENUE (Number, street, rural route, apartment, or suite number)
		MCCOMB, MS 39648 (City, town, state, zip code)
	1	(Unly, 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:	2021/2									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#								
Name	CABLE ONE, INC.	6545								
	Instructions: List each separate community served by the cable system. A "co									
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 known as the "first community." Please use it as the first community on all future filings.									
Area Served	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	NATCHEZ	MS								
Community	ADAMS COUNTY	MS								
	CONCORDIA PARRISH	LA								
Add Rows as Necessary	VIDALIA	LA								

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

6545

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	1,227	\$29.00	NON-STANDARD BULK	40	12.91		
 Service to additional set(s) 	2,457						
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		T		T	l		

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	17.00	Motel, hotel		TIER 2	48.00	
 Pay cable—add'l channel 		Commercial		ESPANOL DIGITAL	3.00	
Fire protection		• Pay cable		DVP	16.00	
•Burglar protection		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
• First set	90.00	Burglar protection				
Additional set(s)	60.00	Other services:				
• FM radio (if separate rate)		Reconnect	\$60.00			
Converter		Disconnect				
		Outlet relocation	6.00			
		 Move to new address 	\$60.00			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 6545

CABLE ONE, 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
WAPT	21	N	JACKSON, MS
WAPT-SIMIL	21	N	JACKSON, MS
WAPT-DT2	21.2	I-M	JACKSON, MS
WJTV	12	N	JACKSON, MS
WJTV-SIMUL	12	N	JACKSON, MS
WJTV-DT2	12.2	I-M	JACKSON, MS
WJTV-DT4	12.4	I-M	JACKSON, MS
WLBT	30	N	JACKSON, MS
WLBT-SIMUL	30	N	JACKSON, MS
WLBT-DT2	30.2	I-M	JACKSON, MS
WLBT-DT3	30.3	I-M	JACKSON, MS
WLBT-DT4	30.4	I-M	JACKSON, MS
WLBT-DT5	30.5	I-M	JACKSON, MS
WLBT-DT6	30.6	I-M	JACKSON, MS
WDBD	14	N	JACKSON, MS
WDBD-SIMUL	14	N	JACKSON, MS
WLOO	36	<u>l</u>	JACKSON, MS
WMAU	18	E	BUDE, MS
KNOE	8	N	MONROE, LA
KNOE-SIMUL	8	N	MONROE, LA
KNOE-DT2	8.2	N-M	MONROE, LA
KNOE-DT2-SIMUL	8.2	N-M	MONROE, LA
KNOE-DT3	8.3	ı	MONROE, LA

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE. INC. 6545 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WNTZ	15	l	ALEXANDRIA
WNTZ-SIMUL	15	l	ALEXANDRIA
WNTZ-DT2	15.2	I-M	ALEXANDRIA
KLTM	13	E	MONROE, LA
KLTM-SIMUL	13	E	MONROE, LA
KMLU	11	<u>l</u>	COLUMBIA, LA

Accounting Period: 2021/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. 654

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 OF FM S/D LOCATION OF STATION CALL SIGN AM OF FM S/D LOCATION OF STATION CALL SIGN AM OF FM S/D LOCATION OF STATION CALL SIGN AM OF FM S/D LOCATION OF STATION OF								
	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						FORI	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				1 011	SYSTEM ID#
Name	CABLE ONE, INC.							6545
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT During the accounting per broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ify every not coounting pring that mu recounting pring that mu recount for coordinate that the recount for coordinate recount for coordin	eriod, under sp st be included RNING SUBS ur cable syster e rest of this pa AMS am on a separ add additional onnetwork tele tion and that y or authorization ovies" or "bask dcast live, ente station broadcon's location (i ons, if any, the when your sy e substitute pr a program carr elisted program ions in effect de	ision program, broadcast by becific present and former Fin this log, see page (v) of the triple of triple of the triple of the triple of tri	y a distant stare CC rules, reg the general instant stare swherever program") to ted for the program. Use station is like the program. Use station is like the program. Use real instruct samt its program. Use station is like the program. Use the like the program in the like the l	must complete the considerations of a structions in the complete the complete the consistency of the consection of the c	wision prog YES ete the prog eir meaning he account of another her informa Love Lucy" me FCC or, s, with the r imes accur should be m was requ he listed pr	tem carried on a ns. For a further A1-2 form. ram NO gram g is ting station tion. or in month ately
	effect on October 19, 1976.	•			WHE	N SUBSTI	ΓUTE	
	SI	UBSTITUT	E PROGRAM	1		AGE OCCI	JRRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM -	MES - TO	DELETION

Accounting Period:	2021/2			FORM	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			;	SYSTEM ID 654
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's tion of hov	secondary trans v to compute this	mission service 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) but less t	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	alty fee tha	t you must pay fo	or this six-mor	ntl
	Line 1. Royalty fee for accounting period			·	_
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add	lines 1 and	12	<u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	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 \$26	3,800 (but	t less than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	358,423.16		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	94,623.16		
	4. Multiply line 3 by .01		. \$	946.23	<u>-</u>
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		. \$	1,319.00	<u>-</u>
	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	3	\$	2,265.23
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,265.23	_
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.			\$	2,285.23
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		rights!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM:				SYSTEM ID# 6545			
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	number of activated channel able system carried television ast services	n broadcas			96			
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accou		RMATION IS NEEDED (Identify an in	ndividual to whom				
for Further Information	Name	JENAE HECK			Telephone	602-364-6092			
	Address	210 E. EARLL DRIVE (Number, street, rural route, apart	tment, or suite	e number)					
		PHOENIX, AZ 85012 (City, town, state, zip)	2						
	Email	JENAE.HECK@	@CABLEC	NE.BIZ	Fax (optional) 602-364-602	13			
0	CERTIFICATION ((This statement of account m	nust be cert	tified and signed in accordance with (Copyright Office regulation:	s)			
Certification	• I, the undersigne	d, hereby certify that (Check o	one, <i>but only</i>	one, of the boxes.)					
	(Owner	other than corporation or p	partnership) I am the owner of the cable system as	s identified in line 1 of space	B; or			
		•		rtnership) I am the duly authorized age a corporation or partnership; or	ent of the owner of the cable	system as identified			
		er or partner) I am an officer (i ine 1 of space B.	(if a corpora	tion) or a partner (if a partnership) of th	e legal entity identified as ov	wner of the cable system			
		e, and correct to the best of my	-	elare under penalty of law that all staten e, information, and belief, and are made		n			
			X	/s/ RAYMOND STORCK					
				lectronic signature on the line above to o ature using an "/s/ signature" (e.g., /s/ J	•				
		Typed or printed	d name:	RAYMOND STORCK					
		Title: (Title of c		RESIDENT n held in corporation or partnership)					
		Date:			February 28, 2022				

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 telephon 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 i 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

ounting Period:	2021/2	FORM SA1-2E. PAGE 8.
AL NAME OF OW	VNER OF CABLE SYSTEM:	SYSTEM ID#
BLE ONE, IN	C.	6545
The Satellite F lowing sentend "In dete service	ATATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the folce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include substand amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Special Statement Concerning Gross
	rmation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusion
-	counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners?	
X NO		
YES. Ente	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	1111111
WITEREST	ASSESSMENT	
	applete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation 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 Assessment
	x	
Line 2 Multip	ly line 1 by the interest rate* and enter the sum here	
	x days	
Line 3 Multip	ly line 2 by the number of days late and enter the sum here	
	x 0.00274	_
•	ly line 3 by 0.00274** and enter here	
in spac	ce L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* Ta view t		
	the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is t	he decimal equivalent of 1/365, which is the interest assessment for one day late.	
•	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Address		
ID number		
ID number First communi	ty served	
Accounting pe		10000

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.