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

STATEM	INT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	ms (Short Form)	09/03/20	\$	For additional information, contact the U.S. Copyright
	ctions are located of this workbook		ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
			ALLOCATION NOMBLIX	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corp	-	iary of another corporation, give the full corp	orate title of
Owner	List any other name or names under which	n the owner conducts the business of th	e cable system.	
	If there were different owners during the statement of account and royalty fee payr		ne last day of the accounting period should sub iod.	omit a single
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	4980
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	Great Plains Cable Television			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	P. O. Box 50 (Number, street, rural route, apartment, or suite r	umber)		
	Blair, NE 68008 (City, town, state, zip)			
	INSTRUCTIONS: In line 1, give any busir	ness or trade names used to iden	tify the business and operation of the	system unless these
С	names already appear in space B. In line			
System	1			
	MAILING ADDRESS OF CABLE SYSTEM	:		

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.

2

(Number, street, rural route, apartment, or suite number)

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Great Plains Cable Television	4980
D	Instructions: List each separate community served by the cable system. A "or separate and distinct community or municipal entity (including unincorpora unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or	ted communities within unincorporated areas and including single, discrete ist will serve as a form of system identification hereafter known as the "first
Served	city.	
First	CITY OR TOWN McCook	STATE Nebraska
Community	Trenton	Nebraska
		Nondoku
ows as Necessary		

										E. PAGE
Name	LEGAL NAME OF OWNER OF C. Great Plains Cable Tele								5131	498
Е	SECONDARY TRANSMISSION									
E.	In General: The information in s system, that is, the retransmissi	•		•						
Secondary	about other services (including					•				
Transmission	last day of the accounting period									
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•					-			
Rates	each category by counting the n									
	separately for the particular serv	vice at the rate	indicated	I-not the nun	nber of se	ts receiving serv	ice).	0		
	Rate: Give the standard rate of	-	-							
	unit in which it is generally billed category, but do not include disc	• •	,		ny standa	rd rate variation	s within a p	particular rate		
	Block 1: In the left-hand block				ries of sec	condary transmis	sion servi	ce that cable		
	systems most commonly provide									
	that applies to your system. Not			0		0				
	categories, that person or entity subscriber who pays extra for ca						•			
	first set" and would be counted of									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t with the number of subscribers a									
	sufficient.	and rates, in th	e ngin-na			e-word description				
	BL	OCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBE	RS	RAT
	Residential:						-			
	Service to first set		659	24.95	Broado	aster Fee		(559	18.0
	Service to additional set(s)									
	• FM radio (if separate rate)				HD Lease			4	194	4.9
	Motel, hotel									
	Commercial				Conver	rter Fees			20	4.9
	Converter									
	Residential									
		•••••								
	Non-residential									
		ONDARY TRA	NSMISS	IONS: RATES	 5					
	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra	te (not subscril	ber) infor	mation with re	spect to a					
F	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is,	te (not subscril those services	ber) infor that are	mation with re not offered in	spect to a combinati	on with any seco	ondary trar	smission		
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	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	Great Plains Cable Te			4
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channo of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these to Column 4: Give the location	also in space I, if the station was carried b on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro- d with a station according to its over-the-a	1) stations carried only on a part-tin carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub special Statement and Program L both on a substitute basis and also ee page (v) of the general instruction ogram services such as HBO, ESP air designation. For example, repo- sion station for broadcasting over ation, an independent station, or a or network multicast), "I" (for indepen- "E-M" (for noncommercial education tions in the paper SA1-2 form. ne community to which the station	me basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community the air in its community noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KFXL	15.1	N	Lincoln, NE
	KUON	12.1	E	Lincoln, NE
d Rows as Necessary	KUON-EW	12.2	E-M	Lincoln, NE
	KUON-EC	12.3	E-M	Lincoln, NE
		10.1	N	
	KOLN	10.1		Lincoln, NE
	KOLN	10.5	I-M	
	KOLN KSNB			Superior, NE
	-	10.5	I-M	
	-	10.5 4	I-M N	Superior, NE
	KSNB	10.5 4 4.2 13.1	I-M N N-M	
	KSNB KHGI	10.5 4 4.2	I-M N N-M N	Superior, NE Kearney,NE
	KSNB KHGI KHGI	10.5 4 4.2 13.1 13.3	I-M N N-M N I-M	Superior, NE Kearney,NE Sioux City, Iowa
	KSNB KHGI KHGI KTIV KLKN	10.5 4 4.2 13.1 13.3 4.2 8.1	I-M N N-M N I-M N-M N	Superior, NE Kearney,NE Sioux City, Iowa Lincoln, NE
	KSNB KHGI KHGI KTIV	10.5 4 4.2 13.1 13.3 4.2	I-M N N-M N I-M N-M	Superior, NE Kearney,NE Sioux City, Iowa
	KSNB KHGI KHGI KTIV KLKN	10.5 4 4.2 13.1 13.3 4.2 8.1	I-M N N-M N I-M N-M N	Superior, NE Kearney,NE Sioux City, Iowa Lincoln, NE
	KSNB KHGI KHGI KTIV KLKN	10.5 4 4.2 13.1 13.3 4.2 8.1	I-M N N-M N I-M N-M N	Superior, NE Kearney,NE Sioux City, Iowa Lincoln, NE
	KSNB KHGI KHGI KTIV KLKN	10.5 4 4.2 13.1 13.3 4.2 8.1	I-M N N-M N I-M N-M N	Superior, NE Kearney,NE Sioux City, Iowa Lincoln, NE
	KSNB KHGI KHGI KTIV KLKN	10.5 4 4.2 13.1 13.3 4.2 8.1	I-M N N-M N I-M N-M N	Superior, NE Kearney,NE Sioux City, Iowa Lincoln, NE
	KSNB KHGI KHGI KTIV KLKN	10.5 4 4.2 13.1 13.3 4.2 8.1	I-M N N-M N I-M N-M N	Superior, NE Kearney,NE Sioux City, Iowa Lincoln, NE
	KSNB KHGI KHGI KTIV KLKN	10.5 4 4.2 13.1 13.3 4.2 8.1	I-M N N-M N I-M N-M N	Superior, NE Kearney,NE Sioux City, Iowa Lincoln, NE
	KSNB KHGI KHGI KTIV KLKN	10.5 4 4.2 13.1 13.3 4.2 8.1	I-M N N-M N I-M N-M N	Superior, NE Kearney,NE Sioux City, Iowa Lincoln, NE
	KSNB KHGI KHGI KTIV KLKN	10.5 4 4.2 13.1 13.3 4.2 8.1	I-M N N-M N I-M N-M N	Superior, NE Kearney,NE Sioux City, Iowa Lincoln, NE
	KSNB KHGI KHGI KTIV KLKN	10.5 4 4.2 13.1 13.3 4.2 8.1	I-M N N-M N I-M N-M N	Superior, NE Kearney,NE Sioux City, Iowa Lincoln, NE

counting Period:	2020/1			FORM SA1-2E. PAG
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
Name	Great Plains Cable Te	levision		49
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations in	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	translator stations and low power televis (1) stations carried only on a part-time he carriage of certain network programs (a)(2) and (4)); and (2) certain station	basis under s [sections
Primary Transmitters: Television	substitute program basis, as Substitute Basis Stations: basis under specific FCC rul	s explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations:	1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substit	tute program
	 Do not list the station here station was carried only on a 		ne Special Statement and Program Log)—if the
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast),	n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p with a station according to its over-the he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o	d both on a substitute basis and also on see page (v) of the general instructions rogram services such as HBO, ESPN, e-air designation. For example, report n vision station for broadcasting over the station, an independent station, or a nor for network multicast), "I" (for independ or "E-M" (for noncommercial educationa	s. etc. Identify each multistream e air in its community ncommercial dent), "I-M"
	Column 4: Give the location		ictions in the paper SA1-2 form. the community to which the station is line community with which the station is in	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF	OWNER OF	CABLE S	YSTEM:					SYSTEM ID
Great Plains	Cable Tele	vision	l					498
PRIMARY TRA	NSMITTERS:	RADIO						
In General: List	t every radio s	tation ca	arried on a separate and discre	te basis and list	those FM stat	ions car	ried on an	н
all-band basis w	vhose signals	were ge	nerally receivable by your cabl	e system during	the accounting	g period		
Special Instruc	tions Concer	ning All	-Band FM Carriage: Under C	opyright Office re	gulations, an	FM sigr	al is generally	Primary
receivable if (1)	it is carried by	/ the sys	tem whenever it is received at	the system's he	adend, and (2) it can b	be expected,	Transmitters:
			ved at the headend, with the s					Radio
For detailed info paper SA1-2 for		t the Co	pyright Office regulations on t	his point, see pag	ge (v) of the ge	eneral ir	istructions in the.	
		sign of e	each station carried.					
			n is AM or FM.					
			nal was electronically processe	ed by the cable s	ystem as a se	parate a	and discrete	
			k mark in the "S/D" column.			.		
			on (the community to which the the community with which the			C or, in t	he case of	
Mexican of Can		, ii arry,	the community with which the	station is identified	su).			
		-				-	-	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			I	[[

Accounting Perio							FOF	RM SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER OF O		EM:					SYSTEM ID	
	Great Plains Cable Tel	evision						4980	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non counting pe	network televis riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or a	uthorizations.	For a further	
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE	-				
Special Statement and	During the accounting peri	iod, did you	r cable system	carry, on a substitute bas	is, any nonnei	twork telev	vision program	n	
Program Log	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 complete the program								
	period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s idcast static adian statio dadian statio dadian statio th and day re "5/7." es when the Example: a er "R" if the ind regulatio ming that y	m on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute pro program carri- listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen- itball." List specific program r "Yes." Otherwise enter "h asting the substitute progra he community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	program") tha d for the prog eral instruction n titles, for ex No." m. station is lice station is iden program. Use cable system. 15 p.m. to 6:2 amming that y ; enter the let	at, during th ramming c ns for furth ample, "I L nsed by th httified). a numerals List the tiu 28:30 p.m. rour systen ter "P" if th	he accounting of another sta ier informatio love Lucy" or he FCC or, in , with the mo mes accurate should be in was <i>require</i> he listed prog	g ation in. nth ely ed	
	S	UBSTITUT	E PROGRAM	l				7. REASON FO	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION	
							_		
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Accounting Period:	2020/1	FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television		SYSTEM ID# 4980
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you p all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to comput 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.	transmission service this amount, see	of
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • 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 but less than or eque Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,6 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must p accounting period is \$52.00	ay for this six-month	
	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 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than 1) 1. Base amount under statutory formula		
	20,96 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)	\$	690.68
	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	\$	690.68
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than	\$527,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,80	0.00	
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		_
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	-
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	-
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	· · · · · · · · · · · · · · · · · · ·	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	690.68	_
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	\$	710.68
	EFT Trace # or TRANSACTION ID # 21CTX1049131627	59101	
	Important: Your remittance must be in the form of an electronic payment payable to the R See page i of the general instructions in the paper SA1-2 form and the Excel instructions ta		

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER (Great Plains Cable Te					SYSTEM ID# 4980
M Channels	to its subscribers, and (2) the cable system's er of channels on whic	total numl h the cab	ls on which the cable system carried tele per of activated channels during the acco le	punting period.	18
	2. Enter the total number on which the cable sy and nonbroadcast se	stem carried televisio	n broadca	ast stations		109
N Individual to Be Contacted	we can contact about th	is statement of accou		RMATION IS NEEDED (Identify an indiv	ridual to whom	
for Further Information	Address P.O.	nn Quist Box 500 r, street, rural route, aparti	ment, or suit	e number)	Telephone	402-456-6434
		NE 68808 wn, state, zip)	com		Fax (optional	
O Certification	I, the undersigned, hereb (Owner other the other of own (Agent of own in line 1 X (Officer or pa in line 1 I have examined the state	y certify that (Check of than corporation or p er other than corpora of space B and that th rtner) I am an officer (of space B. ement of account and I orrect to the best of m (1986)]	artnership artnership tion or pa e owner is f a corpor- nereby dec y knowleds X Enter an (Enter sign name: CFO 8	b) I am the owner of the cable system as identified and the formation of partnership; or a corporation or partnership; or ation) or a partner (if a partnership) of the lease under penalty of law that all statement ge, information, and belief, and are made in /s/Janelle Allison Lectronic signature on the line above to cert bature using an "/s/ signature" (e.g., /s/ John Janelle Allison	dentified in line 1 of space B of the owner of the cable sy egal entity identified as own ts of fact contained herein n good faith.	/stem as identified
		(Ti Date:	ue ot official	posiuon neid in corporation or partnership)	August 31, 2020	

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.

Dunting Period: 2020/1		FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
eat Plains Cable Television		498
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Oliving sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions For more information on when to exclude these amounts, see the note on page (vii) of located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receive made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	Copyright Act by adding the fol- the cable system for the basic , the system shall not include sub- sions pursuant to section 119." the general instructions sipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a	a late navment or undernavment	
For an explanation of interest assessment, see page (viii) of the general instructions lo		Q
For an explanation of interest assessment, see page (viii) of the general instructions loc Line 1 Enter the amount of late payment or underpayment	ocated in the paper SA1-2 form.	Q Interest Assessment
	x	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x days	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x days x 0.00274 \$(interest charge)	Q Interest Assessment
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here 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 <i>www.copyright.gov/licensing/interest-rate.p</i> 	x days x days x days x days x days x days x 0.00274 \$ (interest charge) bdf. For further assistance please day late. ed to the Copyright Office, please	Q Interest Assessmen
 Line 1 Enter the amount of late payment or underpayment	x days x days x days x days x days x days x 0.00274 \$ (interest charge) bdf. For further assistance please day late. ed to the Copyright Office, please	Q Interest Assessment
 Line 1 Enter the amount of late payment or underpayment	x days x days x days x days x days x days x 0.00274 \$ (interest charge) bdf. For further assistance please day late. ed to the Copyright Office, please	Q Interest Assessment

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