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
8-30-21	\$ 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))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20211 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER WAS APPRESS OF CARLE SYSTEM
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	CCI Systems, Inc. (FKA Cable Constructors Inc)
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	Astrea
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	P.O. BOX 190 (Number, street, rural route, apartment, or suite number)
	Iron Mountain, MI 49801 (City, town, state, zip)
	(Oily, 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:
	(Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2021/1	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	CCI Systems, Inc. (FKA Cable Constructors Inc)	62919
	Instructions: List each separate community served by the cable system. A "commu	unity" is the same as a "community unit" as defined in ECC rules: "a
D	separate and distinct community or municipal entity (including unincorporated columincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile	mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Area	city.	
Served	CITY OR TOWN	STATE
<b>-</b>		
First	Laona	WI
Community		
Add Rows as Necessary		

Accounting Period: 2021/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62919

FORM SA1-2E, PAGE 2

# CCI Systems, Inc. (FKA Cable Constructors 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:					
<ul> <li>Service to first set</li> </ul>	23		Preferred Choice	77	70.00
Service to additional set(s)			Premier Plus	10	96.00
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	18.95	Motel, hotel		Showtime & TMC	14.95
Pay cable—add'l channel	11.95	Commercial		Stars & Encore Tier	12.95
Fire protection		• Pay cable		HBO & Cinemax Tier	27.95
•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			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62919

# CCI Systems, Inc. (FKA Cable Constructors 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
WAOW	9	N	Wausau, WI
WAOW HD	642	N	Wausau, Wi
WSAW	8	N	Wausau, WI
WSAW HD	641	N	Wausau, WI
WEAU	12	N	Eau Claire, WI
WEAU HD	645	N	Eau Claire, WI
WFXS	11	E	Wausau, WI
WHRM	20	l	Wausau, WI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CCI Systems, Inc. (FKA Cable Constructors Inc)

62919

## 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).

	1		T	1	T	_	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Accounting Perio		245150107					FOR	M SA1-2E. PAGE 5.
Name	CCI Systems, Inc. (FKA			Inc)				SYSTEM ID# 62919
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOC	3			
I Substitute	In General: In space I, identification substitute basis during the acceptanation of the programmi	counting pe	riod, under spe	cific present and former F0	CC rules, regul	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE				
Special	During the accounting peri	od, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork televi	sion progran	n
Statement and Program Log	broadcast by a distant stat	ion?					YES	NO
	,				"\/"	<b>-</b>	_	
	<b>Note:</b> If your answer is "No" log in block 2.	, leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complete	e tne progra	m
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Canter Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter	itute progra ce, please a of every nor distant stati gulations, o es like "mo Bulls." n was broad distant static addant static addant static addant static atth and day e "5/7." sis when the Example: a	m on a separa add additional renetwork televition and that your authorizations vies" or "basked cast live, enterestation broadcaton's location (the ins, if any, the owner your system substitute program carried	sows to the tables. sion program ("substitute ur cable system substitutes. See page (v) of the ger tball." List specific program "Yes." Otherwise enter "sting the substitute program community to which the community with which the term carried the substitute gram was carried by your ed by a system from 6:01 was substituted for program.	e program") the ed for the program titles, for extending the station is lice a station is idea program. Use cable system:15 p.m. to 6:2 ramming that	at, during the gramming of ons for furthe kample, "I Lo ensed by the ntiffied). e numerals, i. List the tim 28:30 p.m. s	e accounting another state information ove Lucy" or e FCC or, in with the more accurate hould be was require	g tion n. nth ely
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	•		0.	er FCC rules	and regulation	ons in	ram
	s	UBSTITUT	E PROGRAM			EN SUBSTI IAGE OCC		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	1	TIMES TO	DELETION
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Accounting Period:	2021/1	FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)		62919
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you 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 compu 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 te this amount, see	59,599.13 pross receipts)
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 but less than or equ  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527, 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		52.00
	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than		32.00
	1. Base amount under statutory formula	•	
	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)	<u></u>	
	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 that	an \$527,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	800.00	
	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	<u> </u>	
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to th See page i of the general instructions in the paper SA1-2 form for more in		jhts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: nc. (FKA Cable Construct	ors Inc)			SYSTEM ID# 62919
<b>M</b> Channels	Enter the total system carried     Enter the total on which the control of t	s, and (2) the cable system's number of channels on which	total numb th the cabl s		counting period.	144
N Individual to Be Contacted	INDIVIDUAL TO		HER INFO	RMATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name	Kelly Tuttle			Telephone	906-776-2662
	Address	105 Kent St. (Number, street, rural route, apartr		e number)		
		Iron Mountain, MI 49 (City, town, state, zip)				
	Email	kelly.tuttle@ccis	systems.c	com	Fax (optional <u>906-828-3289</u>	9
O Certification		This statement of account mu		ified and signed in accordance with Cop	pyright Office regulations)	
	(Owner	other than corporation or p	artnership	a) I am the owner of the cable system as i	identified in line 1 of space B;	; or
				artnership) I am the duly authorized agen not a corporation or partnership; or	t of the owner of the cable sy	stem as identified
		e <b>r or partner)</b> I am an officer (i in line 1 of space B.	if a corpora	ation) or a partner (if a partnership) of the	legal entity identified as owne	er of the cable system
		e, and correct to the best of m		clare under penalty of law that all statemer ge, information, and belief, and are made		
			X	/s/ Jacob Mulaikal		
				electronic signature on the line above to cer nature using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed	l name:	Jacob Mulaikal		
		Title:	CFO tle of official	position held in corporation or partnership)		
		Date:			8/30/21	

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ccounting Period: 2021/1	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CI Systems, Inc. (FKA Cable Constructors Inc)	62919
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 additioning sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?  NO	the basic t include sub- ction 119."  Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments submitted as a result of a late payment or uny	dernayment
You must complete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments are uncomplete.	
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You must complete this worksheet for those royalty payments submitted as a result of a late payment or uncertainty for an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA	A1-2 form.
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You must complete this worksheet for those royalty payments submitted as a result of a late payment or uncertainty for an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA.  Line 1 Enter the amount of late payment or underpayment	A1-2 form.  Interest Assessment
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under an explanation of interest assessment, see page (viii) of the general instructions located in the paper SAL Line 1 Enter the amount of late payment or underpayment	A1-2 form.
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You must complete this worksheet for those royalty payments submitted as a result of a late payment or under payment or underpayment or underpayment.  Line 1 Enter the amount of late payment or underpayment	A1-2 form.  Interest Assessment  days  - 0.00274  est charge)
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under payment or underpayment or underpayment.  Line 1 Enter the amount of late payment or underpayment.  X  Line 2 Multiply line 1 by the interest rate* and enter the sum here  X  Line 3 Multiply line 2 by the number of days late and enter the sum here  X  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 \$	A1-2 form.  Interest Assessment  days  - 0.00274  est charge)
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under payment or underpayment or underpayment.  Line 1 Enter the amount of late payment or underpayment	A1-2 form.  Interest Assessment  days  - 0.00274  est charge)
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You must complete this worksheet for those royalty payments submitted as a result of a late payment or under for an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA Line 1 Enter the amount of late payment or underpayment	Interest Assessment  days  and a days  and a days  and a days  best charge)  tance please  office, please

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