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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbool by email to:
	ry Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright
	ictions are located of this workbook	8-30-21	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YY	YY/(Period))	

Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2021/1 Barcode Data Filing Period (optional - see instructions) 20211 Accounting Period 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 В 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. 62926 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 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 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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 IDENTIFICATION OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	6292
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated cor unincorporated 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.	nmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "firs
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the identifie
Served	city.	
	CITY OR TOWN	STATE
First	Elcho	WI
Community	Summit Lake	WI
	Upham	WI
dd Rows as Necessary	Deerbrook	WI
	Lake Lucerne	WI
	Crandon	

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF CA							515	TEM ID 6292
	CCI Systems, Inc. (FKA	Cable Cons	structo	rs Inc)					UZJZ
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRII	BERS AND RA	ATES				
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	· · ·							
Service: Sub-	Number of Subscribers: Both						able system	ı, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the ne separately for the particular serv							charged	
	Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed								
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide			-					
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					l in the count u	inder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that a	re different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.				T				
	BLC	DCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		98	45.00		ed Choice		130	70.0
	 Service to additional set(s) 				Premei	r Plus		49	96.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			•		• • •		
Other Than	amount of the charge and the ur	nit in which it is							
Secondary	enter only the letters "PP" in the			for	a a f that	annliaghla agu	viene listed		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			•				were not	
itatoo	listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip	tion and inclue	de the ra	ite for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	e entimaling e en treeen		• Mot	tel, hotel				me & TMC	14.9
	• Pay cable	18.95					Stars 8	Encore Tier	
	-	18.95 11.95	• Cor	nmercial					12.9
	• Pay cable		_	nmercial / cable			HBO &	Cinemax Tier	
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		• Pay • Pay	/ cable / cable-add'l cł	nannel		HBO &		12.9 27.9
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Pay • Fire	v cable v cable-add'l ch e protection			HBO &		
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		• Pay • Pay • Fire • Bur	v cable v cable-add'l ch e protection glar protection			HBO &		
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Pay • Fire • Bur Other s	v cable v cable-add'l ch protection glar protection services:			HBO &		
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Pay • Fire • Bur Other s • Rec	v cable v cable-add'l ch protection glar protection services: connect			HBO &		
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Pay • Fire • Bur Other s • Rec • Dise	v cable v cable-add'l ch protection glar protection services: connect connect			HBO &		
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Pay • Fire • Bur • Bur • Rec • Dise • Out	v cable v cable-add'l ch protection glar protection services: connect			HBO &		

	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTE
ame	CCI Systems, Inc. (F	KA Cable Constructors Inc)		6
	PRIMARY TRANSMITTERS:	TELEVISION		
G imary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eacl educational station, by ente (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination pi d with a station according to its over-the- the form. The number the FCC assigned to the televe VRC is channel 4 in Washington, D.C. In case whether the station is a network se ering the letter "N" (for network), "N-M" (for the commercial educational), o erms, see page (iv) of the general instru- ton of each station. For U.S. stations, list	(1) stations carried only on a part-tir e carriage of certain network progra I(e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instruction ogram services such as HBO, ESP air designation. For example, repo- vision station for broadcasting over the tation, an independent station, or a for network multicast), "I" (for indepen- tr "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station i	ne basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	adian stations, if any, give the name of th	e community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	WAOW	9	N	Wausau, WI
	WAOW HD	642	N	Wausau, WI
s as Necessary	WSAW	8	N	Wausau, WI
	WSAW HD	641	N	Wausau Wi
	WOAW IID			wausau, wi
	WEAU	12	N	Wausau, WI Eau Claire, WI
		12 645	N N	
	WEAU			Eau Claire, WI
	WEAU WEAU HD WFXS	645 11	N	Eau Claire, WI Eau Claire, WI Wausau, WI
	WEAU WEAU HD	645	N E	Eau Claire, WI Eau Claire, WI
	WEAU WEAU HD WFXS	645 11	N E	Eau Claire, WI Eau Claire, WI Wausau, WI
	WEAU WEAU HD WFXS	645 11	N E	Eau Claire, WI Eau Claire, WI Wausau, WI
	WEAU WEAU HD WFXS	645 11	N E	Eau Claire, WI Eau Claire, WI Wausau, WI
	WEAU WEAU HD WFXS	645 11	N E	Eau Claire, WI Eau Claire, WI Wausau, WI
	WEAU WEAU HD WFXS	645 11	N E	Eau Claire, WI Eau Claire, WI Wausau, WI
	WEAU WEAU HD WFXS	645 11	N E	Eau Claire, WI Eau Claire, WI Wausau, WI
	WEAU WEAU HD WFXS	645 11	N E	Eau Claire, WI Eau Claire, WI Wausau, WI
	WEAU WEAU HD WFXS	645 11	N E	Eau Claire, WI Eau Claire, WI Wausau, WI
	WEAU WEAU HD WFXS	645 11	N E	Eau Claire, WI Eau Claire, WI Wausau, WI
	WEAU WEAU HD WFXS	645 11	N E	Eau Claire, WI Eau Claire, WI Wausau, WI
	WEAU WEAU HD WFXS	645 11	N E	Eau Claire, WI Eau Claire, WI Wausau, WI
	WEAU WEAU HD WFXS	645 11	N E	Eau Claire, WI Eau Claire, WI Wausau, WI
	WEAU WEAU HD WFXS	645 11	N E	Eau Claire, WI Eau Claire, WI Wausau, WI

EGAL NAME OF	OWNER OF (CABLE S	YSTEM:					SYSTEM I
CCI Systems	s, Inc. (FKA	Cable	Constructors Inc)					629
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id	it is carried by monitoring, to prmation abou m. entify the call	y the sys be recei t the Co sign of e	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM.	the system's hea system's FM ante	adend, and (2) nna, during ce) it can b ertain sta	be expected, ated intervals.	Primary Transmitters Radio
ignal, indicate t Column 4: G	this by placing ive the statior	g a check n's locatio	nal was electronically processo c mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FC0			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CCI Systems, Inc. (FK/	A Cable C	onstructors	Inc)				62926
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instru	ictions in the p	paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	on program	n
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	', leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete t	the prograi	m
	log in block 2.			·	·			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	5
	clear. If you need more spa Column 1: Give the title			sion program ("substitute p	program") that	t, during the	accounting	1
	period, was broadcast by a	distant stat	ion and that you	ur cable system substituted	d for the prog	ramming of a	nother stat	tion
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I Lov	e Lucy" or	
			dcast live, enter	"Yes." Otherwise enter "N	lo."			
		0		sting the substitute progra				
	Column 4: Give the broat the case of Mexican or Can			e community to which the			CC or, in	
				em carried the substitute p			ith the mor	nth
	first. Example: for May 7 giv	/e "5/7."	, ,	·	0	,		
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. sho	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	as require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	• •	our system wa	s permitted to delete unde	r FCC rules a	ind regulation	is in	
								1
	s	UBSTITUT	E PROGRAM			N SUBSTIT	RRED	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. TIN FROM —		DELETION
						_		
						_		
							·	
								+
								[

Accounting Period:	2021/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)			S	YSTEM ID# 62926
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (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	stem's sec of how to	condary transmi compute this a	ssion service mount, see	4,313.12 oss 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 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info	it less thai	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00 Line 1. Royalty fee for accounting period			is six-month	
	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 line:	s 1 and 2 .			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	re than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00	_	
	2. Enter amount of gross receipts from space K	\$	144,313.12	_	
	3. Subtract line 2 from line 1	\$	119,486.88	-	
	Enter the amount of gross receipts from space K		\$	144,313.12	
	5. Enter the amount from line 3		\$	119,486.88	
	6. Subtract line 5 from line 4		\$	24,826.24	
	7. Multiply line 6 by .005 (enter figure here)			\$	124.13
	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 ar	nd 8		\$	124.13
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,6	800 (but l	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula			-	
	Subtract line 2 from line 1	•	,-	-	
	4. Multiply line 3 by .01			-	
	 Wondpy me 5 by 50 research and 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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5	5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and					
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	124.13	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	144.13
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2				nts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		INER OF CABLE SYSTEM: c. (FKA Cable Constructor	ors Inc)			SYSTEM ID# 62926
M Channels	to its subscribers, 1. Enter the total r system carried	and (2) the cable system's to number of channels on which television broadcast stations	otal numl	s on which the cable system carried television ber of activated channels during the accounting		4
	on which the ca	number of activated channels able system carried television cast services	n broadca			144
N Individual to Be Contacted		BE CONTACTED IF FURTHE bout this statement of account		RMATION IS NEEDED (Identify an individual i	to whom	
for Further Information	Name <mark>I</mark>	Kelly Tuttle			Telephone	906-776-2662
		105 Kent St. Number, street, rural route, apartme Iron Mountain, MI 498((City, town, state, zip)		a number)		
	Email	kelly.tuttle@ccisy	ystems.c	om Fax (optional 906-828-328	39
	CERTIFICATION (T	his statement of account mus	st be cert	ified and signed in accordance with Copyright	Office regulations)	
O Certification		, hereby certify that (Check one other than corporation or par		v one , of the boxes.)	ed in line 1 of space E	3; or
				rtnership) I am the duly authorized agent of the not a corporation or partnership; or	owner of the cable s	ystem as identified
	· · ·	r or partner) I am an officer (if a n line 1 of space B.	a corpora	tion) or a partner (if a partnership) of the legal e	ntity identified as owr	ner of the cable system
		, and correct to the best of my l	-	lare under penalty of law that all statements of fa e, information, and belief, and are made in good		
			Х	/s/ Jacob Mulaikal		
				lectronic signature on the line above to certify this ature using an "/s/ signature" (e.g., /s/ John Smith		
		Typed or printed n	name:	Jacob Mulaikal		
			CFO e of official	position held in corporation or partnership)		
		Date:		8	8/30/21	

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.

unting Period: 2021/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Systems, Inc. (FKA Cable Constructors Inc)	6292
 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 following sentence: "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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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 YES. Enter the total here and list the satellite carrier(s) below	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 late payment or underpayment.	Q
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.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen

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.