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	ENT	OF ACCOUNT	FOR COPYRIC	 Return completed workbook by email to 				
		ansmissions by	DATE RECEIVED	AMOUNT	-			
	-	Short Form)			<u>coplicsoa@copyright.gov</u>			
	(\$	For additional information,			
General instru	uctions	s are located	03/01/2022		contact the U.S. Copyright Office Licensing Division at			
in the first tab	of this	s workbook.	00/01/2022	ALLOCATION NUMBER	(202) 707-8150.			
					_			
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))				
			_					
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
			J					
			1					
		20212	Barcode Data Filing Period (optional	- see instructions)				
Accounting								
Period	_							
		Instructions:						
В		Give the full legal name of the owner of t of the subsidiary, not that of the parent o		idiary of another corporation, give the full corp	orate title			
Owner		List any other name or names under whic	h the owner conducts the business of	the cable system.				
					.h.m.it a			
		single statement of account and royalty f		the last day of the accounting period should sunting period.	ipinit a			
		Check here if this is the system's first filin	g If not enter the system's ID number	assigned by the Licensing Division	002909			
		<u>_</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6 · · · · · , - · · · · · · · · · · · · ·					
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM					
		CEQUEL COMMUNICATIONS LLC						
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	Γ)				
		SUDDENLINK COMMUNICATIONS						
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM					
		3027 S SE LOOP 323						
		(Number, street, rural route, apartment, or suite n	umber)					
		(City, town, state, zip)						
С				ntify the business and operation of the				
	name	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							
		HEAVENER, OK MAILING ADDRESS OF CABLE SYSTEM	:					
	_							
	2	(Number, street, rural route, apartment, or suite n	umber)					
		(City, town, state, zip code)						

Privacy Act Notice: Section 111 of little 17 of the United States Code autorizes the Copyingti Office to collect the personally identifying information (PII) requested on thit 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 filing, a determination that would be made by a court of law.

CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "com "a separate and distinct community or municipal entity (including unincorporated communities within uninco discrete unincorporated areas)." A CF.R. 76.5(dd). The first community that you list will serve as a form of sy as the "first community." Please use it as the first community on all future filings. Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be rep identified city. First CITY OR TOWN HEAVENER Image: CITY OR TOWN Add Rows as Necessary Image: CITY OR TOWN Add Rows as Necessary Image: CITY OR TOWN Image: CITY OR TOWN Image: CITY OR TOWN Image: CITY OR TOWN Image: CITY OR TOWN Image: CITY OR TOWN Image: CITY OR TOWN Add Rows as Necessary Image: CITY OR TOWN Image: CITY OR TOWN Image: CITY OR TOWN Image: CITY OR TOWN <th>rporated areas and including single, stem identification hereafter known</th>	rporated areas and including single, stem identification hereafter known
D "a separate and distinct community or municipal entity (including unincorporated communities within uninco discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of sy as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be repridentified city. First CITY OR TOWN HEAVENER LEFLORE COUNTY (PORTION)	rporated areas and including single, stem identification hereafter known
Area Served identified city. First Community CITY OR TOWN HEAVENER LEFLORE COUNTY (PORTION)	ofted in parentileses below the
First HEAVENER LEFLORE COUNTY (PORTION)	
First HEAVENER LEFLORE COUNTY (PORTION)	STATE
	OK
Add Rows as Necessry	OK
dd Rows as Necessary	

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							TEM ID
	CEQUEL COMMUNICAT	TIONS LLC							00290
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRI	BERS AND RA	TES				
E	In General: The information in s	-		-		•			
0	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period						nose exis	ting on the	
Service: Sub-	Number of Subscribers: Bot						ole system	ı, broken	
scribers and	down by categories of secondar	, y transmission	service.	In general, you	u can con	npute the numbe	er of subsc	ribers in	
Rates	each category by counting the n			0,0				s charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	ae and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	• •	,		ny standa		o within a		
	Block 1: In the left-hand block	t in space E, th	e form li	sts the categor	ies of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not 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 the	e right-h	and DIOCK. A tw	o- or thre	e-wora descript	on of the	service is	
		OCK 1					BLOCK	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI	RS	RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	00200			0,				
	Service to first set		65	34.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		8	45.95					
	Converter								
	Residential								
	Non-residential								
			I						I
	SERVICES OTHER THAN SEC In General: Space F calls for ra				-	ll vour cable sve	tom's son	vices that were	
F	not covered in space E, that is, t		,		•				
	service for a single fee. There a					,	,		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur		usually	billed. If any ra	tes are cl	narged on a vari	able per-p	rogram basis,	
ransmissions:	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.								
Rates	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.						1		
		BLO				D 4 T 5	0.175.0	BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER\ tion: Non-resi		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services: Pay cable	17.00		el, hotel	uentiai				
	• Pay cable—add'l channel	19.00		nmercial					
	Fire protection	13.00		cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	99.00		glar protection					
	Additional set(s)	25.00		ervices:					
	• •	25.00		onnect		40.00			
			1100	on nool		-0.00			
	• FM radio (if separate rate) • Converter		• Diec	onnect					
	Converter			onnect et relocation		25.00			
	, , ,		• Outl	onnect et relocation e to new addre	266	25.00 99.00			

unting Period: 2	2021/2			FORM SA1-2E. PAGE	
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID	
	CEQUEL COMMUNIC	ATIONS LLC		00290	
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on		t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L	me basis under ms [sections ions carried on a istitute program .og)—if the	
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel	el number the FCC assigned to the tele	, see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo	ons. N, etc. Identify each rt multistream	
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	endent), "I-M" onal multicast). is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	KAFT-1	9	E	FAYETTEVILLE, AR	
	KFSM-1	5	Ν	FORT SMITH, AR	
				FORT SMITH, AR	
Rows as Necessary	KFTA-1	24	I	FORT SMITH, AR	
Rows as Necessary	KFTA-1 KHBS-1	<u>24</u> 40		FORT SMITH, AR FORT SMITH, AR	
Rows as Necessary					
Rows as Necessary	KHBS-1	40	N	FORT SMITH, AR	
Rows as Necessary	KHBS-1 KHBS-2	40 40.2	N I-M	FORT SMITH, AR FORT SMITH, AR	
Rows as Necessary	KHBS-1 KHBS-2 KNWA-1 KOET-1	40 40.2 51 3	N i-M N E	FORT SMITH, AR FORT SMITH, AR ROGERS, AR EUFAULA, OK	
Rows as Necessary	KHBS-1 KHBS-2 KNWA-1 KOET-1 KTUL-1	40 40.2 51	N I-M N	FORT SMITH, AR FORT SMITH, AR ROGERS, AR EUFAULA, OK TULSA, OK	
Rows as Necessary	KHBS-1 KHBS-2 KNWA-1 KOET-1	40 40.2 51 3 8	N i-M N E	FORT SMITH, AR FORT SMITH, AR ROGERS, AR EUFAULA, OK	
Rows as Necessary	KHBS-1 KHBS-2 KNWA-1 KOET-1 KTUL-1	40 40.2 51 3 8	N i-M N E	FORT SMITH, AR FORT SMITH, AR ROGERS, AR EUFAULA, OK TULSA, OK	
Rows as Necessary	KHBS-1 KHBS-2 KNWA-1 KOET-1 KTUL-1	40 40.2 51 3 8	N i-M N E	FORT SMITH, AR FORT SMITH, AR ROGERS, AR EUFAULA, OK TULSA, OK	
Rows as Necessary	KHBS-1 KHBS-2 KNWA-1 KOET-1 KTUL-1	40 40.2 51 3 8	N i-M N E	FORT SMITH, AR FORT SMITH, AR ROGERS, AR EUFAULA, OK TULSA, OK	
Rows as Necessary	KHBS-1 KHBS-2 KNWA-1 KOET-1 KTUL-1	40 40.2 51 3 8	N i-M N E	FORT SMITH, AR FORT SMITH, AR ROGERS, AR EUFAULA, OK TULSA, OK	
Rows as Necessary	KHBS-1 KHBS-2 KNWA-1 KOET-1 KTUL-1	40 40.2 51 3 8	N i-M N E	FORT SMITH, AR FORT SMITH, AR ROGERS, AR EUFAULA, OK TULSA, OK	
Rows as Necessary	KHBS-1 KHBS-2 KNWA-1 KOET-1 KTUL-1	40 40.2 51 3 8	N i-M N E	FORT SMITH, AR FORT SMITH, AR ROGERS, AR EUFAULA, OK TULSA, OK	
Rows as Necessary	KHBS-1 KHBS-2 KNWA-1 KOET-1 KTUL-1	40 40.2 51 3 8	N i-M N E	FORT SMITH, AR FORT SMITH, AR ROGERS, AR EUFAULA, OK TULSA, OK	
Rows as Necessary	KHBS-1 KHBS-2 KNWA-1 KOET-1 KTUL-1	40 40.2 51 3 8	N i-M N E	FORT SMITH, AR FORT SMITH, AR ROGERS, AR EUFAULA, OK TULSA, OK	
Rows as Necessary	KHBS-1 KHBS-2 KNWA-1 KOET-1 KTUL-1	40 40.2 51 3 8	N i-M N E	FORT SMITH, AR FORT SMITH, AR ROGERS, AR EUFAULA, OK TULSA, OK	
Rows as Necessary	KHBS-1 KHBS-2 KNWA-1 KOET-1 KTUL-1	40 40.2 51 3 8	N i-M N E	FORT SMITH, AR FORT SMITH, AR ROGERS, AR EUFAULA, OK TULSA, OK	

LEGAL NAME OF								SYSTEM ID 00290
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be rece t the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the pyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ant his point, see pa ed by the cable s he station is licen	eadend, and (: enna, during c ge (v) of the g system as a s sed by the FC	2) it can certain si eneral ir eparate	be expected, tated intervals. Instructions in the. and discrete	Primary Transmitters: Radio
<u>_</u>				1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
· ·								

Accounting Perio	od: 2021/2						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					002909
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every noi	nnetwork televi	sion program, broadcast by	a distant sta	tion, that yoι	ır cable syst	em carried on a
	substitute basis during the a							
Substitute	explanation of the programm				he general ins	structions in	the paper S/	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	iod, did yoι	ur cable systen	n carry, on a substitute ba	sis, any nonr	etwork tele	vision progr	
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comple	ete the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTE			-4-1011		:	_ : :	
	In General: List each subsicient clear. If you need more spa				s wherever po	ossidie, it th	eir meaning	IS
				vision program ("substitute	e program") tl	nat, during t	he accounti	ng
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				xampio, Ti	LOVE LUCY	
				er "Yes." Otherwise enter '				
				asting the substitute progr he community to which th		ensed by th	ne FCC or i	in
	the case of Mexican or Car						101 00 01,1	
		•	when your sys	stem carried the substitute	e program. Us	se numerals	s, with the m	onth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	ogram was carried by you	r cable syste	m List the ti	mes accura	ately
	to the nearest five minutes.							lioly
	stated as "6:00–6:30 p.m."	"D" (4						. ,
	to delete under FCC rules a			n was substituted for programing the accounting period				
	was substituted for progran	nming that y						9.9.
	effect on October 19, 1976							
					WHE	N SUBSTI	IUTE	
	S	UBSTITUT	E PROGRAM			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
						_	_	
						-		
							-	
							<u>-</u>	
						-	<u>-</u>	
						- - - - - - - - - - - - - - - - - - -		
							<u>-</u>	
					 		<u> </u>	

Accounting Period:	2021/2	FORM SA1-2E. P	AGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTE	
	CEQUEL COMMUNICATIONS LLC	002	2909
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service	
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 equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	263,800	
	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 pay for th accounting period is \$52.00.	iis 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	0.0	00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$ 52.0	00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	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)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.0	00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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	\$ 67.0	00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		INER OF CABLE SYSTEM: UNICATIONS LLC			SYSTEM ID# 002909
M Channels	to its subscribers, a 1. Enter the total ni system carried te	and (2) the cable system's umber of channels on whic	total numl h the cab	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	9
	on which the cabl	le system carried television	broadcas	st stations	57
N Individual to Be Contacted		E CONTACTED IF FURTH out this statement of accou		PRMATION IS NEEDED (Identify an individual	
for Further Information	Name F	RODNEY HASKINS		Telephone	(903) 579-3152
	() T	3027 S SE LOOP 323 Number, street, rural route, apart TYLER, TX 75701 City, town, state, zip)		te number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	• I, the undersigned	, hereby certify that (Check	one, <i>but or</i>	rtified and signed in accordance with Copyright Office regulations <i>nly one</i> , of the boxes.) ip) I am the owner of the cable system as identified in line 1 of space	
	in line X (Officer in line I have examined the	 a of space B and that the c or partner) I am an officer (a of space B. he statement of account and and correct to the best of m 	owner is n (if a corpo I hereby d	<pre>wartnership) I am the duly authorized agent of the owner of the cable ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as o eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.</pre>	wner of the cable system
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed	d name:	ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING on held in corporation or partnership)	
		Date:		2/1/2022	

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 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 filing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	00290
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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	—
x 0.00274 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	_
x 0.00274 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 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
x 0.00274 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 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
x 0.00274 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	

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 filing, a determination that would be made by a court of law.