This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
2/7/2022	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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/MAILING ADDRESS OF CABLE SYSTEM	
		Cunningham Communications, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number)	
		Glen Elder, KS 67446-9795	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:	
	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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2021/2	
	T	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Cunningham Communications, Inc.	30502
D	Instructions: List each separate community served by the cable system. A "community' separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	nities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	ne parks should be reported in parentheses below the identified
Served	city.	
Firm	CITY OR TOWN Concordia	STATE KS
First Community	Concordia	NS
Add Rows as Necessary		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30502

Cunningham Communications, 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		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	623	50.50			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		1		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	10.25-51.75	Motel, hotel		Expanded Basic	#####
Pay cable—add'l channel		Commercial		Digital Basic	14.95
Fire protection		• Pay cable		HD Plus	4.99
Burglar protection		Pay cable-add'l channel		Out of Market Tier	11.40
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	25.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cunningham Communications, Inc.

SYSTEM ID# 30502

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
KSNB	4	N	Superior, NE
KSNC	2	N	Great Bend, KS
KSNT	22	N	Topeka, KS
KFXL	4	N	Superior, NE
KSCW	33	N	Wichita, KS
KAKE	10	N	Wichita, KS
KBSH	7	N	Hays, KS
WIBW	13	N	Topeka, KS
KOOD	9	E	Bunker Hill, KS
KGIN	10	N	Lincoln, NE
KHGI	13	N	Kearney, NE
KAAS	18	N	Salina, KS
KSHB	41	N	Kansas City, MO
KMTW	35	N	Wichita, KS
KTMJ	43	N	Topeka, KS
KTKA	49	N	Topeka, KS
KTKACW+	49	N	Topeka, KS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

30502

Cunningham Communications, Inc.

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an

Н

Primary Transmitters: Radio

all-band basis whose signals were generally receivable by your cable system during the accounting period.

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.

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 				ļ	
		ļ				ļ	
		ļ					
					[
	·	†					
		†				l	
	·	 	 		 	 	
	 	 	 			 	
		 				ļ	
		ļ	ļ				
		ļ					
						l	
		1				[
		†				l	
		 				l	
	 	 	 			 	
		 				 -	
	ļ	ļ	 				
		ļ				ļ	
		ļ				ļ	
]				[
		1					
		†					
		 					
	·	 				·	
		 				ļ	
	ļ	ļ				ļ	
		ļ				ļ	
	ļ	ļ				ļ	
						<u> </u>	
						[
		1					
		 				·	
		 					
		ļ					
		ļ				ļ	
		ļ					
						l	
		<u> </u>			[

Accounting Perior	d: 2021/2 LEGAL NAME OF OWNER OF O	CABLE SYST	FM [.]						FORI	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Cunningham Commun									30502
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	G					
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former F	FCC	rules, regula	ations, or a	uthoriz	zations. F	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE						
Special	During the accounting peri				asis.	anv nonne	twork telev	ision	program	1
Statement and Program Log	broadcast by a distant stat	•	,	•		•			YES	NO
i rogram Log	Note: If your answer is "No"		rest of this pag	e blank. If vour answer	is "Y	es." vou mu	ıst comple		_	
	log in block 2.	,		, ,		, ,			13	
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, req Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call is Column 4: Give the broathe case of Mexican or Canaccolumn 5: Give the monfirst. 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 to delete under FCC rules a was substituted for program	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." I was broad sign of the s dcast static adian statio th and day e "5/7." s when the Example: a er "R" if the nd regulatio	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the cowhen your system substitute proprogram carried isted program ons in effect du	rows to the tables. Ision program ("substitutur cable system substitutur cable system substitutur cable system substitutur cable system substitutur. See page (v) of the getball." List specific program "Yes." Otherwise enter asting the substitute program community to which the community with which the tem carried the substitutur. Is gram was carried by you ted by a system from 6:00 was substituted for progring the accounting peri	te pruted ener ram "Nogram he s ste prur casult te prur casult te gram od; e	ogram") that for the program instruction titles, for ex in. Itation is licer adion is ider ogram. Use table system. It is p.m. to 6:2 mining that yenter the let	nt, during the ramming of the formal of the following the	ne according and according to the following the following the first according to the first acco	counting ther state formation accurated be a required ed programment of the country of the count	ion n. uth 'y
	effect on October 19, 1976.					\A/I.IF	N CUDOT	-17117		
	S	UBSTITUT	E PROGRAM				EN SUBST IAGE OCC			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	N	5. MONTH AND DAY	6. FROM	TIMES	S TO	DELETION
								_		
								_		
								_		
								_		

Accounting Period:	2021/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.			S	YSTEM ID# 30502
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (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.	ystem's se n of how to	condary transmi compute this a	ssion service mount, see	0,789.00 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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha	ın \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty 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 lin	nes 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	100)	
	Base amount under statutory formula	\$	263,800.00	-	
	2. Enter amount of gross receipts from space K	\$	190,789.00	-	
	3. Subtract line 2 from line 1	\$	73,011.00	-	
	4. Enter the amount of gross receipts from space K		\$	190,789.00	
	5. Enter the amount from line 3		\$	73,011.00	
	6. Subtract line 5 from line 4		\$	117,778.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	588.89
	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		\$	588.89
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00	-	
	3. Subtract line 2 from line 1	•	200,000.00	-	
	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 DU	F			
	FILING FEE AND TOTAL REWITTANCE DO	_			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	588.89	
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			\$	608.89
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				hts!

Accounting Period: 2	2021/2				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: ommunications, Inc.			SYSTEM ID# 30502
M Channels	to its subscribers	s, and (2) the cable system's to number of channels on which	of channels on which the cable system carried t total number of activated channels during the a ch the cable	occounting period.	17
	2. Enter the total on which the c	number of activated channel cable system carried television loast services	els on broadcast stations		85
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	HER INFORMATION IS NEEDED (Identify an ir unt.)	ndividual to whom	
for Further Information	Name	Brent Cunningham		Telephone	785-545-3215
	Address	PO Box 108, 220 W. M. (Number, street, rural route, apartn Glen Elder, KS 67444 (City, town, state, zip)	ment, or suite number)		
	Email	brent@ctcteleph	hony.tv	Fax (optional 785-545-32	77
_	CERTIFICATION (This statement of account mu	ust be certified and signed in accordance with C	Copyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check on	ne, but only one, of the boxes.)		
	X (Owner	other than corporation or pa	partnership) I am the owner of the cable system a	as identified in line 1 of space I	3; or
			ation or partnership) I am the duly authorized ag ne owner is not a corporation or partnership; or	ent of the owner of the cable s	system as identified
		e r or partner) I am an officer (i in line 1 of space B.	(if a corporation) or a partner (if a partnership) of the	ne legal entity identified as own	ner of the cable system
		e, and correct to the best of my	hereby declare under penalty of law that all statem by knowledge, information, and belief, and are mad		
			X /s/ Brent Cunningham		-
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/ J		
		Typed or printed	d name: Brent Cunningham		
		Title:	GM/VP ittle of official position held in corporation or partnership)		
		Date:		2-7-22	

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.

ounting Period: 2021/2				F	ORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CA	ABLE SYSTEM:				SYSTEM ID#
nningham Communic	cations, Inc.				30502
The Satellite Home View lowing sentence: "In determining the service of providing scribers and amost scribers and	ent concerning gross receiver Act of 1988 amended Title 17, section the total number of subscribers and the gring secondary transmissions of primary lounts collected from subscribers received when to exclude these amounts, see the 1-2 form. The priorion of the cable system exclude any is to satellite dish owners?	n 111(d)(1)(A), of the Copy gross amounts paid to the obroadcast transmitters, the ag secondary transmissions e note on page (vii) of the amounts of gross receipts	rright Act by adding the fol- cable system for the basic system shall not include su s pursuant to section 119." general instructions	F	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address			
INTEREST ASSESS	SMENT				
•	worksheet for those royalty payments suerest assessment, see page (viii) of the			t.	Q
For an explanation of inte		general instructions locate			Q nterest Assessment
For an explanation of inte	erest assessment, see page (viii) of the	general instructions locate	d in the paper SA1-2 form.		Q nterest Assessment
For an explanation of inte	erest assessment, see page (viii) of the	general instructions locate	x		Q nterest Assessment
For an explanation of inte	erest assessment, see page (viii) of the	general instructions locate	x		Q nterest Assessment
For an explanation of intermediate Line 1 Enter the amount Line 2 Multiply line 1 by	erest assessment, see page (viii) of the nt of late payment or underpayment	general instructions locate	xx		Q nterest Assessment
For an explanation of intermediate Line 1 Enter the amount Line 2 Multiply line 1 by	erest assessment, see page (viii) of the	general instructions locate	xx	In	Q nterest Assessment
For an explanation of interpolation of i	erest assessment, see page (viii) of the nt of late payment or underpayment	general instructions locate	xx	In	Q nterest Assessment
For an explanation of intermediate Line 1 Enter the amount Line 2 Multiply line 1 by Line 3 Multiply line 2 by Line 4 Multiply line 3 by	erest assessment, see page (viii) of the nt of late payment or underpayment	general instructions locate	xx	In	Q nterest Assessment
For an explanation of intermediate Line 1 Enter the amount Line 2 Multiply line 1 by Line 3 Multiply line 2 by Line 4 Multiply line 3 by	erest assessment, see page (viii) of the nt of late payment or underpayment	general instructions locate	x x 0.00274	In	Q nterest Assessment
For an explanation of interest. Line 1 Enter the amount Line 2 Multiply line 1 by Line 3 Multiply line 2 by Line 4 Multiply line 3 by in space L, (page)	erest assessment, see page (viii) of the nt of late payment or underpayment	general instructions locate re sum here plock 3 line 6	x x 0.00274 (interest charge)	days -	Q nterest Assessment
For an explanation of interest contact the Line 1 Enter the amount Line 2 Multiply line 1 by Line 3 Multiply line 2 by in space L, (page * To view the interest contact the Licensia	erest assessment, see page (viii) of the nt of late payment or underpayment	general instructions locate re sum here plock 3 line 6 icensing/interest-rate.pdf. ng@loc.gov.	x x 0.00274 \$ (interest charge)	days -	Q nterest Assessment
For an explanation of intermediate Line 1 Enter the amount Line 2 Multiply line 1 by Line 3 Multiply line 2 by Line 4 Multiply line 3 by in space L, (page * To view the interest contact the Licensis ** This is the decimal NOTE: If you are filing the	erest assessment, see page (viii) of the nt of late payment or underpayment	general instructions locate re	x x 0.00274 \$ (interest charge) For further assistance please late.	days -	Q nterest Assessment
Line 1 Enter the amount Line 2 Multiply line 1 by Line 3 Multiply line 2 by Line 4 Multiply line 3 by in space L, (page * To view the interest contact the Licensis* This is the decimal NOTE: If you are filing the list below the owner, add	the interest rate* and enter the sum he with the interest rate* and enter the sum he with the number of days late and enter the sum he with the nu	general instructions locate re	x x 0.00274 \$ (interest charge) For further assistance please late.	days -	Q nterest Assessment
For an explanation of intermediate Line 1 Enter the amount Line 2 Multiply line 1 by Line 3 Multiply line 2 by Line 4 Multiply line 3 by in space L, (page * To view the interest contact the Licensis ** This is the decimal NOTE: If you are filing the	the interest rate* and enter the sum he with the interest rate* and enter the sum he with the number of days late and enter the sum he with the nu	general instructions locate re	x x 0.00274 \$ (interest charge) For further assistance please late.	days -	Q nterest Assessment
Line 1 Enter the amount Line 2 Multiply line 1 by Line 3 Multiply line 2 by Line 4 Multiply line 3 by in space L, (page * To view the interest contact the Licensis ** This is the decimal NOTE: If you are filing the list below the owner, add	the interest rate* and enter the sum he with the interest rate* and enter the sum he with the number of days late and enter the sum he with the nu	general instructions locate re	x x 0.00274 \$ (interest charge) For further assistance please late.	days -	Q nterest Assessment
Line 1 Enter the amount Line 2 Multiply line 1 by Line 3 Multiply line 2 by Line 4 Multiply line 3 by in space L, (page * To view the interest contact the Licensis ** This is the decimal NOTE: If you are filing the list below the owner, add	the interest rate* and enter the sum he with the interest rate* and enter the sum he with the number of days late and enter the sum he with the nu	general instructions locate re	x x 0.00274 \$ (interest charge) For further assistance please late.	days -	Q nterest Assessment

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.