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 COPYRIGH	Return completed workbook by email to:	
-		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste		,	2/27/23	\$	Coplicsoa@loc.gov For additional information, contact the U.S. Copyright
in the first tab				ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare		sidiary of another corporation, give the full c	orporate
Owner		List any other name or names under whic	th the owner conducts the business of	the cable system.	
				the last day of the accounting period should	d submit a
		single statement of account and royalty for the system's first filing Check here if this is the system's first filing the			63104
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
		Consolidated Communications of N	/lissouri Co (fka: FairPoint Comn	nunications Missouri, Inc.)	
		BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT	Γ)	
		Consolidated Communications MAILING ADDRESS OF OWNER OF			
		2116 S 17th Street			
		(Number, street, rural route, apartment, or suite no Mattoon, IL 61938	umber)		
	INST	(City, town, state, zip)	pass or trade names used to ide	ntify the business and operation of th	a system unless these
С		, 0 ,		ne system, if different from the addres	5
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		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 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:	SYSTEM
Name	Consolidated Communications of Missouri Co (fka: FairPoint Con	nı 631
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li 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 h	ommunities within unincorporated areas and including single ist will serve as a form of system identification hereafter kno
Area Served	identified city.	
First	CITY OR TOWN Peculiar	STATE
First Community	Creighton	MO MO
Community	Cleveland	MO
	Drexel	MO
dd Rows as Necessary	East Lynne	MO
		MO
	Garden City	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM IC	
Name	Consolidated Communications of Missouri Co (fka: FairPoint Communications								6310	
E Secondary Transmission Service: Sub- scribers and Rates	Consolidated Communications of Missouri Co (fka: FairPoint Communications 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									
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to once again und has rate catego iers of services	additior ler "Ser ories fo s that in	nal sets would b vice to addition r secondary tra iclude one or m	e included al set(s)." nsmission ore secon	d in the count un service that are dary transmissi	nder "Servi e different t ons), list th	ice to the from those nem, together		
	BLC	DCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:	SUBSCIUD	LING		CAIL			SUBSCRIBERS	1041	
	Service to first set		2	46.95	IPTV E	kpanded		22	85.	
	 Service to additional set(s) 				IPTV U			5	95.	
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descript	te (not subscril hose services re two exceptic or facilities furn hit in which it is rate column. te charged by t sour cable sy- separate charge	ber) info that are ons: you nished t usually the cabl stem fu ge was	ormation with re- e not offered in a do not need to to nonsubscribe y billed. If any ra le system for ea rnished or offer made or establ	espect to a combination give rate ers. Rate in ates are ch ach of the ed during	on with any sec information cor nformation shou narged on a var applicable servi the accounting	ondary tran ncerning (1 Ild include iable per-p ices listed. period that	nsmission) services both the rogram basis, t were not		
		BLO				_		BLOCK 2		
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RAT	
	Pay cable			itel, hotel	idential		Ultimat	te Movie Pack	49.	
	Pay cable—add'l channel			mmercial				igital Suite		
	Fire protection			y cable				ax Digital Suite	12.	
	•Burglar protection			y cable-add'l ch	annel			incore Digital S	12.	
	Installation: Residential			e protection				me/TMC Digital	16.	
	• First set	50.00	• Bu	rglar protection						
	 Additional set(s) 		Other	services:						
	• FM radio (if separate rate)		•Re	connect		30.00				
	Converter		• Dis	sconnect						
							1			
			• Ou	tlet relocation						

5									
lame	LEGAL NAME OF OWNER OF			SYSTEM					
		inications of Missouri Co (fka:	FairPoint Communications	N 63					
	PRIMARY TRANSMITTERS: TELEVISION								
G		ntify every television station (including m during the accounting period, excep							
-	FCC rules and regulations i	n effect on June 24, 1981, permitting t	he carriage of certain network progra	ams [sections					
rimary smitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain sta	tions carried on a					
evision		: With respect to any distant stations c	arried by your cable system on a sub	ostitute program					
		ıles, regulations, or authorizations: e in space G—but do list it in space I (t	he Special Statement and Program I	og)—if the					
	station was carried only on								
		also in space I, if the station was carrie on concerning substitute basis stations,							
		n's call sign. <i>Do not</i> report origination							
	multicast stream associated "WETA-2" as the same on t	with a station according to its over-the	e-air designation. For example, repo	ort multistream					
		el number the FCC assigned to the tele	evision station for broadcasting over	the air in its community					
		RC is channel 4 in Washington, D.C. case whether the station is a network	station an independent station or a	noncommercial					
	educational station, by ente	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	endent), "I-M"					
		"E" (for noncommercial educational), o		onal multicast).					
		erms, see page (iv) of the general instru n of each station. For U.S. stations, list		is licensed by the					
	FCC. For Mexican or Canad	dian stations, if any, give the name of t	he community with which the station	is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WDAF (FOX)	4	I	Kansas City, MO					
	WDAF (FOX) KCTV (CBS)	4	l N	Kansas City, MO Kansas City, MO					
rs as Necessary		······	I N I						
s as Necessary	KCTV (CBS)	5	I N I N	Kansas City, MO					
s as Necessary	KCTV (CBS) KMCI (The Spot)	5		Kansas City, MO Lawrence, KS					
is as Necessary	KCTV (CBS) KMCI (The Spot) KMBC (ABC)	5 7 9		Kansas City, MO Lawrence, KS Kansas City, MO					
s as Necessary	KCTV (CBS) KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC)	5 7 9 10	I N I	Kansas City, MO Lawrence, KS Kansas City, MO Kansas City, MO Kansas City, MO					
is as Necessary	KCTV (CBS) KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW)	5 7 9 10 12 13	I N I	Kansas City, MOLawrence, KSKansas City, MOKansas City, MOKansas City, MOKansas City, MOKansas City, MO					
is as Necessary	KCTV (CBS) KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	5 7 9 10 12 13 16	I N I I I I	Kansas City, MOLawrence, KSKansas City, MOKansas City, MOKansas City, MOKansas City, MOKansas City, MOKansas City, MO					
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rs as Necessary	KCTV (CBS) KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	5 7 9 10 12 13 16	I N I I I I	Kansas City, MOLawrence, KSKansas City, MOKansas City, MOKansas City, MOKansas City, MOKansas City, MOKansas City, MO					
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	d Commun		ns of Missouri Co (fka:	FairPoint Cor	nmunicatio	ons Mi	ssouri, Inc.)	SYSTEM ID 6310
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate i Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei it the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (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 ante this point, see pag ed by the cable s he station is licens	adend, and (2 nna, during cr ge (v) of the g ystem as a se red by the FC	ertain st ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	, un or 1 m	5,0		O, LE OION		5,0		
		 				<u> </u>		

Accounting Perio	d: 2022/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Consolidated Commu	inications	of Missouri	Co (fka: FairPoint C	ommunicat	tions Mi	ssouri, Ind	c.) 63104
	SUBSTITUTE CARRIAG)G			
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	tify every no accounting p	nnetwork televi period, under sp	<i>sion program,</i> broadcast by pecific present and former F	y a <i>distant</i> stat CC rules, reg	ulations, o	authorizatio	ons. For a further
Carriage:	1. SPECIAL STATEMEN	T CONCEP	RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting pe 	riod, did yo	ur cable syster	n carry, on a substitute ba	isis, any nonr	network tel	evision prog	gram
Statement and Program Log	broadcast by a distant sta	ation?					YES	× NO
r rogram zog					«X/ II			
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you r	nust comp	lete the pro	gram
	log in block 2.							
	 LOG OF SUBSTITUT In General: List each subs 			ate line. Use abbreviation	s wherever no	ossible if t	heir meanir	na is
	clear. If you need more spa					5001510, 11		19 10
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs			ciball. List specific progra		,xampic,		01
				er "Yes." Otherwise enter '				
		0		asting the substitute progr			4h a 500 au	·
	the case of Mexican or Ca			the community to which the community with which the			the FCC or	, in
				stem carried the substitute			ls, with the	month
	first. Example: for May 7 g							
				ogram was carried by you				
	to the nearest five minutes stated as "6:00–6:30 p.m."	•	a program can	The by a system from 6.01	1:15 p.m. to 6	:28:30 p.n	i. snouid be	;
			listed prograr	n was substituted for prog	ramming that	your syst	em was <i>req</i>	uired
			iona in affact d	uring the accounting porio	d: enter the l	ottor "P" if	the listed p	rogram
	to delete under FCC rules							•
	was substituted for program	mming that						°
		mming that						°
	was substituted for program effect on October 19, 1976	mming that	your system w	as permitted to delete unc	der FCC rules	and regul	ations in ITUTE	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	mming that 5. SUBSTITUT		as permitted to delete unc	der FCC rules	and regul	ations in ITUTE	7. REASON FOR DELETION
	was substituted for program effect on October 19, 1976	mming that 5. SUBSTITUT	your system w	as permitted to delete unc	er FCC rules WHE CARRI	and regul	ITUTE	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
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	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
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	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
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	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
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	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications of Missouri Co (fka: FairPoint Communications Misso		YSTEM ID# 63104
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 a 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.	ission service amount, see	1,119.59 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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 t accounting period is \$52.00	this six-mon	
	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 \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00 2. 5 to be a finite statutory formula 1 1		
	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		0.00
	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,	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		
	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 the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Communications of Misso	ouri Co (1	ka: FairPoint Communications Missouri, Inc.)		SYSTEM ID# 63104
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	number of channels on which	otal numb n the cable s broadcas	stations	stations	9 107
N Individual to Be Contacted		BE CONTACTED IF FURTH		RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	Jana Manterola		Τε	elephone	509-962-0272
	Address	305 N Ruby Street (Number, street, rural route, apartm Ellensburg, WA 9892 (City, town, state, zip)		e number)		
	Email	jana.manterola@	@consoli	dated.com Fax (optional) 50	9-933-745	3
O Certification	I, the undersigned (Ownee) (Agentian in l X (Offician l I have examined	ed, hereby certify that (Check o r other than corporation or p t of owner other than corpora ine 1 of space B and that the or er or partner) I am an officer (i ine 1 of space B. d the statement of account and e, and correct to the best of my	ene, but on partnershi ation or pr wwner is no if a corpor hereby de / knowledg	tified and signed in accordance with Copyright Office reginations of the boxes.)	of space the cable fied as ow	system as identified /ner of the cable system
		Typed or printed Title: (Title of of	Vice P	Mike Shultz resident Legislative and Regulatory n held in corporation or partnership)		
		Date:		2/27/23		

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

	2022/2	FORM SA1-2E. PAGE
AL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM II
nsolidated Co	ommunications of Missouri Co (fka: FairPoint Communications M	6310
The Satellite H lowing sentence "In dete service	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: rmining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- e and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
	nation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusior
-	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners?	
X NO		
YES. Enter	r the total here and list the satellite carrier(s) below	
Name	Name	
Mailing Address	Mailing Address	
INTEREST /	ASSESSMENT	
-	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
ling 1 Entort	he amount of late novment or undernovment	Interest Assessmen
	he amount of late payment or underpayment	
	x	
Line 2 Multiply	y line 1 by the interest rate* and enter the sum here	
	x days	
Line 2 Multipl		
	y line 2 by the number of days late and enter the sum here	
	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply	y line 2 by the number of days late and enter the sum here	
Line 4 Multipl in spac * To view th	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in spac * To view th contact th	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in spac * To view th contact th ** This is th	y line 2 by the number of days late and enter the sum here	
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Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the o	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the o Owner Address	y line 2 by the number of days late and enter the sum here	

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