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					
2/23/2023	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

_								
Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	20222 Barcode Data Filing Period (optional - see instructions)							
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.							
	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							
	Tallian Talanhana Cammana Incompania							
	Tellico Telephone Company, Incorporated							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	525 Junction Road							
	(Number, street, rural route, apartment, or suite number)							
	Madison, WI 53717							
	(City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
C	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 TDS Telecom, Inc.							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
1	(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:	2022/02	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Tellico Telephone Company, Incorporated	63863
Area Served	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated community 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile homotity.	nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First Community	Tellico Plains	TN
Add Rows as Necessary		

Accounting Period: 2022/02

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Tellico Telephone Company, Incorporated

SYSTEM ID# 63863

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	1,134	\$25/mo					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential	1,134	\$6/Mo.					
Non-residential							
		l			r		

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.

	BLOCK 2				
CATEGORY OF SERVICE	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$8.00-\$15.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0 - \$50.00		
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	\$0-\$50.00	Burglar protection			
Additional set(s)	\$0-\$50.00	Other services:			
• FM radio (if separate rate)		Reconnect	\$0-\$25.00		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

Accounting Period: 2022/02 FORM SA1-2E. PAGE 3

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: Tellico Telephone Company, Incorporated SYSTEM ID# 63863

PRIMARY TRANSMITTERS: TELEVISION

G **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
WATE	6.1	N	Knoxville, TN
WATE-DT2	6.2	N-M	Knoxville, TN
WATE-DT3	6.3	N-M	Knoxville, TN
WATE-DT4	6.4	N-M	Knoxville, TN
WVLT	8.1	N	Knoxville, TN
WVLT-DT2	8.2	N-M	Knoxville, TN
WVLT-DT3	8.3	N-M	Knoxville, TN
WVLT-DT4	8.4	N-M	Knoxville, TN
WTNZ	43.1	N	Knoxville, TN
WTNZ-DT2	43.2	N-M	Knoxville, TN
WTNZ-DT3	43.3	N-M	Knoxville, TN
WBIR	10.1	N	Knoxville, TN
WBIR-DT2	10.2	N-M	Knoxville, TN
WBIR-DT3	10.3	N-M	Knoxville, TN
WBIR-DT4	10.4	N-M	Knoxville, TN
WBIR-DT5	10.5	N-M	Knoxville, TN
WBXX	20.1	l	Crossville, TN
WBXX-DT2	20.2	I-M	Crossville, TN
WBXX-DT3	20.3	I-M	Crossville, TN
WBXX-DT4	20.4	I-M	Crossville, TN
WKOP	15.1	E	Knoxville, TN
WKOP-DT2	15.2	E-M	Knoxville, TN
WKOP-DT3	15.3	E-M	Knoxville, TN
WKNX	7.1	I	Knoxville, TN

Form SA1-2E Short Form (Rev. 05-17) U.S. Copyright Office

Accounting Period:	2022/02	FORM SA1-2E. PAGE 3.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Tellico Telephone Company, Incorporated	63863
	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, <i>except</i> (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	

"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 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

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.

· 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.

station was carried only on a substitute basis.

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WPXK	54.1	1	Knoxville, TN

SYSTEM ID#

Tellico Telephone Company, Incorporated

63863

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

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

CALL SIGN	ΛM 0= ΓM	6/D	LOCATION OF STATION	CALL SIGN	ΛM 65 FM	e/D	LOCATION OF STATION
	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI UI FIVI	3/0	LOCATION OF STATION
N/A							
	ļ		<u> </u>	<u> </u>			<u> </u>

Accounting Perio	d· 2022/02						EOD	M SA1-2E. PAGE 5.		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				FUR	SYSTEM ID#		
Name	Tellico Telephone Con	npany, Inc	orporated					63863		
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOG						
I	In General: In space I, identi substitute basis during the a						•			
Substitute	explanation of the programm	planation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE						
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant star	tion?	•	·	·		YES	X NO		
	Note: If your answer is "No	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	ust compl	ete the progra	ım		
	log in block 2. 2. LOG OF SUBSTITUTE	BBOCBA	MC							
	In General: List each subs			te line. Lice abbreviations	wherever no	esible if th	neir meaning i	c		
	clear. If you need more spa				Wherever pos	ssibic, ii ti	icii iiicaiiiig i	3		
	Column 1: Give the title	of every no	nnetwork telev	ision program ("substitute	program") tha	at, during	the accountin	g		
	period, was broadcast by a									
	under certain FCC rules, re Do not use general categor									
	"NBA Basketball: 76ers vs.		vies of baske	etball. List specific program	n lilles, for ex	ampie, i	Love Lucy of			
			lcast live, ente	r "Yes." Otherwise enter "I	No."					
				sting the substitute progra						
				ne community to which the			he FCC or, in			
	the case of Mexican or Can			community with which the tem carried the substitute			a with the me	enth		
	first. Example: for May 7 give	,	wnen your sys	tem carried the substitute	program. Use	numera	s, with the mo	ontn		
	. , ,		substitute pro	gram was carried by your	cable system	. List the t	times accurate	ely		
	to the nearest five minutes.							,		
	stated as "6:00-6:30 p.m."									
				was substituted for progra						
	to delete under FCC rules a was substituted for program	•		0.				ram		
	effect on October 19, 1976.		our system wa	is permitted to defete unde	er roo rules a	and regula	auons in			
					1					
	_					N SUBS		7		
	S		E PROGRAM	<u> </u>			CURRED	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	FROM	TIMES — TO			
	N/A						_			
		 								
		 			-					
							_			
										
		 								
										
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Accounting Period:	2022/02	FORM S	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	5	SYSTEM ID
Hame	Tellico Telephone Company, Incorporated		6386
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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.	smission services amount, see	
_	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 accounting period is \$52.00	r this six-month	
	Line 1. Royalty fee for accounting period		
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	,100)	
	1. Base amount under statutory formula	<u> </u>	
	2. Enter amount of gross receipts from space K	<u>:</u>	
	3. Subtract line 2 from line 1	<u> </u>	
	4. Enter the amount of gross receipts from space K	237,986.62	
	5. Enter the amount from line 3	25,813.38	
	6. Subtract line 5 from line 4	212,173.24	
	7. Multiply line 6 by .005 (enter figure here)	\$	1,060.87
	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	·· <u></u> \$	1,060.87
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	
	Enter the amount of gross receipts from space K	_	
	Base amount under statutory formula	<u>)</u>	
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	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		
Fillian For			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,060.87	
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	\$	1,080.87
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for		

Accounting Period:	2022/02				FORM SA1-2E. PAGE 7.				
Name		OWNER OF CABLE SYSTEM: one Company, Incorporat	ed		SYSTEM ID# 63863				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.								
	on which the	al number of activated channe cable system carried television dcast services	on broadcast stations		156				
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accou	HER INFORMATION IS NEEDED (Identify an individual)	dual to whom					
for Further Information	Name	Mitchell Maier		Telephone (608) 886	6-8210				
	Address	(Number, street, rural route, apart Madison, WI 53593	ment, or suite number)						
	Email	(City, town, state, zip) Finance@tdstelec	om.com F	Fax (optional					
	CERTIFICATION.	/Th:	and the second s	wints Office resultsing)					
O Certification		•	ust be certified and signed in accordance with Copyline, but only one, of the boxes.)	ngnt Office regulations)					
	(Owne	r other than corporation or p	artnership) I am the owner of the cable system as ide	entified in line 1 of space B; or					
	(Agent		ation or partnership) I am the duly authorized agent or e owner is not a corporation or partnership; or	of the owner of the cable system as iden	ntified				
	X (Office	er or partner) I am an officer (in line 1 of space B.	if a corporation) or a partner (if a partnership) of the leg	gal entity identified as owner of the cab	le system				
		te, and correct to the best of m	hereby declare under penalty of law that all statements y knowledge, information, and belief, and are made in						
			X /s/ Sharon V. Tisdale Enter an electronic signature on the line above to certify Enter signature using an "/s/ signature" (e.g., /s/ John S						
		Typed or printed	name: Sharon V. Tisdale						
		Title:	Assistant Treasurer tle of official position held in corporation or partnership)						
		Date:	Fe	ebruary 17, 2023					

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.

counting Period: 2022/02	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
ellico Telephone Company, Incorporated	63863
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. 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 transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	basic clude sub- 119." Special Statement Concerning Gross Receipts Exclusion
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 under	novmont -
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	2 form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	2 form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	2 form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	2 form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	Interest Assessment days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	Interest Assessment days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	Interest Assessment days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	Interest Assessment days - 274
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	Interest Assessment days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	Interest Assessment days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	Interest Assessment days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	Interest Assessment days charge) ce please e, please
Eine 1 Enter the amount of late payment or underpayment	Interest Assessment days charge) ce please e, please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	Interest Assessment days charge) ce please e, please
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