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					
02/19/2024	\$ 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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20232 Barcode Data Filing Period (optional - see instructions)
Accounting 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.
		T
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Ayersville Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		27932 Watson Rd. (Number, street, rural route, apartment, or suite number)
		Defiance, Ohio 43512
		(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:
		Ayersville Telephone Company
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zlp 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:	2023/2	FORM SA1-2E. PAGE 1
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Ayersville Telephone Company	62821
	Instructions: List each separate community served by the cable system. A "communi	ty" is the same as a "community unit" as defined in FCC rules:
D	"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 list sthe "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	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter knowr
Area Served	identified city.	ome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First Community	Ayersville	Ohio
Add Rows as Necessary		

Accounting Period: 2023/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 62821

Ayersville Telephone Company

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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	62	80.97	Basic Plus	90	93.97
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential	73	4.95	HD Converter	34	8.95
Non-residential			HD PVR	64	10.95

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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RAT	Έ
Continuing Services:		Installation: Non-residential			
• Pay cable		 Motel, hotel 			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set	69.95	 Burglar protection 			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		 Reconnect 	30.00		
Converter		Disconnect			
		 Outlet relocation 			
		 Move to new address 	28.00		

Accounting Period: 2023/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62821

Ayersville Telephone Company 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
WTOL	11.1	N	Toledo, OH
WTOL-Crime	11.2	N-M	Toledo, OH
WTOL-Grit	11.3	N-M	Toledo, OH
WTOL-Quest	11.4	N-M	Toledo, OH
WTOL-GetTV	11.6	N-M	Toledo, OH
WTOL-Twist	11.7	N-M	Toledo, OH
WTOL-Laff	11.8	N-M	Toledo, OH
WTVG	13.1	N	Toledo, OH
WTVG-CW	13.2	N-M	Toledo, OH
WTVG-Weather	13.7	N-M	Toledo, OH
WTVG-MeTV	13.3	N-M	Toledo, OH
WTVG-Circle	13.4	N-M	Toledo, OH
WTVG-Dabl	13.6	N-M	Toledo, OH
WNWO	24.1	N	Toledo, OH
WNWO-Charge	24.2	N-M	Toledo, OH
WNWO-Comet	24.3	N-M	Toledo, OH
WNWO-TBD	24.4	N-M	Toledo, OH
WNHO	35	<u> </u>	Defiance, OH
WBGU	27.1	E	Bowling Green, OH
WBGU-Kids/Encore	27.2	E-M	Bowling Green, OH
WBGU-Create	27.3	E-M	Bowling Green, OH
WGTE	30	E	Toledo, OH
WGTE-Family	30.2	E-M	Toledo, OH
WGTE-Create	30.3	E-M	Toledo, OH

Accounting Period: 2023/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62821

Ayersville Telephone Company

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WLIO	8.1	N	Lima, OH
WUPW	36.1	N	Toledo, OH
WUPW-Bounce	36.2	N-M	Toledo, OH
WUPW-Escape	36.3	N-M	Toledo, OH
WUPW-Court TV	36.4	N-M	Toledo, OH
WLMB	40.1	I	Toledo, OH
WTLW	44.1	I	Lima, OH
WTLW-DT2	44.2	I-M	Lima, OH
COZI TV	45.1	I-M	Lima, OH
get TV	45.2	I-M	Lima, OH
this TV	48.3	I-M	Lima, OH

Accounting Period: 2023/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Ayersville Telephone Company

62821

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	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
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Accounting Perio	.d. 2022/2							FOR	M SA1 2E DACE E
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					FUR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Ayersville Telephone								62821
 Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every non	nnetwork telev eriod, under sp	ision progra	nm, broadcast by ent and former F	a distant sta CC rules, reg	ulations, d	or authorization	ns. For a further
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	During the accounting per	riod, did you	ur cable systei	m carry, on	a substitute ba	sis, any nonr	network te	elevision prog	<u>ıram</u>
Program Log	broadcast by a distant sta	tion?						YES	X NO
	Note: If your answer is "No	", leave the	rest of this pa	age blank.	f your answer is	s "Yes," you r	nust com	plete the pro	gram
	log in block 2.								
	2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	titute progra ace, please of every no distant star egulations, or ries like "mo Bulls." m was broa sign of the adcast stati natian stati es when the Example: acer "R" if the and regulati nming that	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask dcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pro a program car elisted programions in effect of	I rows to the vision program. See partetball." Lister "Yes." Coasting the communication communities are communities of the comm	e tables. gram ("substitute system substitute ge (v) of the ger t specific progra etherwise enter ' substitute progra ety with which the ed the substitute s carried by your ystem from 6:01 etituted for progra accounting perio	e program") the dofor the program titles, for each to station is like a station is like program. Use table system in the system	hat, during ogrammir ions for fuexample, censed by entified). se numer m. List the censes of the cen	g the accounng of another urther informa "I Love Lucy" y the FCC or, als, with the retimes accurum, should be tem was requif the listed pr	ting station ation. or in month rately
	S	I IRSTITI IT	E PROGRAM	1			N SUBS	TITUTE CURRED	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S			5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATIC	N'S LOCATION	AND DAY	FROM	— то	
								_	
								_	
									

	2023/2				A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Ayersville Telephone Company			S	YSTEM II 6282
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the state (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)	system's se	condary transm	ission service	
	during the accounting period			\$ 14 (Amount of gr	4,424.00 oss receipts)
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tha	ın \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-mon	
	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 in	nes 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1	\$	119,376.00		
	4. Enter the amount of gross receipts from space K			144,424.00	
	5. Enter the amount from line 3		. \$	119,376.00	
	6. Subtract line 5 from line 4		\$	25,048.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	125.24
	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	7 and 8		\$	125.24
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260	3,800 (but I	ess than \$527	,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			•	
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4				
	7. TOTAL ROTALTT FEE PATABLE FOR ACCOUNTING PERIOD. Add lines	F, O, and O .			
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	125.24	
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			\$	145.24
	Important: Your remittance must be in the form of an electronic pay		ala ta tha Dawis		htol

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: phone Company			SYSTEM ID# 62821
M Channels	to its subscribers 1. Enter the total system carried to	number of channels on which			35
	on which the ca	able system carried television last services	broadcast stations		249
N Individual to Be Contacted		BE CONTACTED IF FURTHI	ER INFORMATION IS NEEDED (Identify an it.)	ndividual to whom	
for Further Information	Name	Phillip D. Maag		Telephone	419-395-2222
	Address	27932 Watson Rd. (Number, street, rural route, apartri Defiance, Ohio 43512 (City, town, state, zip)			
	Email	pmaag@ayersv	illetelco.com	Fax (optional) 419-395-258	35
•	CERTIFICATION ((This statement of account mu	st be certified and signed in accordance with	Copyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, <i>but only one</i> , of the boxes.)		
	(Owner	r other than corporation or pa	artnership) I am the owner of the cable system	n as identified in line 1 of space	B; or
	in li	ine 1 of space B and that the or	tion or partnership) I am the duly authorized a wner is not a corporation or partnership; or		
	in li	ine 1 of space B.	f a corporation) or a partner (if a partnership) of	,	·
		e, and correct to the best of my	hereby declare under penalty of law that all sta knowledge, information, and belief, and are ma		n
			X /s/ Phillip D. Maag		
			Enter an electronic signature on the line above t Enter signature using an "/s/ signature" (e.g., /s	•	
		Typed or printed	name: Phillip D. Maag		
		Title: (Title of of	Secretary-Treasurer		
		Date:		8/14/2023	

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.

Accounting Period: 2023/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 62821 Ayersville Telephone Company 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs 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 * 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@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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