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

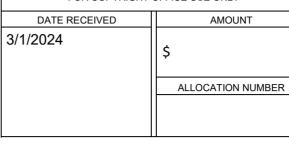
Return completed workbook by email to:

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

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coplicsoa@loc.gov

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

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2023/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20232 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.	62932
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CCI Systems, Inc. (FKA Cable Constructors Inc)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Astrea	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. BOX 190 (Number, street, rural route, apartment, or suite number)	
		Iron Mountain, MI 49801	
		(City, town, state, zip)	
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
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 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 1b.						
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CCI Systems, Inc. (FKA Cable Constructors Inc) 62932							
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	Wonewoc	WI						
Community	Union Center	WI						
Add Rows as Necessary								
·····								

									SYSTEM ID#	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							313	6293	
	CCI Systems, Inc. (FKA	Cable Cons	tructor	's Inc)						0230
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RA	TES					
E	In General: The information in s			-	•					
Secondary	system, that is, the retransmission about other services (including p									
Transmission	last day of the accounting period	(June 30 or D	ecember	31, as the ca	se may be).		0		
Service: Sub-	Number of Subscribers: Both						,	,		
scribers and Rates	down by categories of secondary each category by counting the nu									
Rates	separately for the particular serv	•		•••				s charged		
	Rate: Give the standard rate c									
	unit in which it is generally billed. category, but do not include disc				ny standaro	d rate variations	s within a	particular rate		
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion serv	rice that cable		
	systems most commonly provide			-						
	that applies to your system. Note			-		-				
	categories, that person or entity subscriber who pays extra for ca						•			
	first set" and would be counted o					In the count un				
	Block 2: If your cable system I	0			· · ·	service that are	different	from those		
	printed in block 1 (for example, the									
	with the number of subscribers a sufficient.	ind rates, in the	e right-ha	nd block. A tv	vo- or three	-word description	on of the	service is		
		OCK 1					BLOO	CK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE		NO. C SUBSCRI		RA
	Residential:	JUBJURID	ERS	RATE	CAT	EGORT OF SE	RVICE	SUBSCRI	DERO	NA I
	Service to first set		33	60.00	Expand	led			16	80.
	Service to additional set(s)				=xpane					
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SECO In General: Space F calls for rat					your cable sys	tem's ser	vices that wer	9	
F	not covered in space E, that is, t	•	,		-	• •			0	
	service for a single fee. There ar	•			•		• •	,		
Services Other Than	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									
Secondary	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.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in t						vices in th	ie form of a		
	brief (two- or three-word) description and include the rate for each.									
		BLO				DATE	OATE	BLOC		
			CATEGO	ORY OF SER		RATE	CATE	GORY OF SE	RVICE	RAT
	CATEGORY OF SERVICE	RATE	Inctallat	lion: Non roc						
	Continuing Services:			tion: Non-res	lacintia					
	Continuing Services: • Pay cable	18.95	• Mote	el, hotel						
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Mote • Com	el, hotel imercial						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mote • Com • Pay	el, hotel imercial cable						
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection		• Mote • Com • Pay • Pay	el, hotel Imercial cable cable-add'l cl						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mote • Com • Pay • Pay • Fire	el, hotel imercial cable	nannel					
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential		• Mote • Com • Pay • Pay • Fire • Burg	el, hotel Imercial cable cable-add'l cl protection	nannel					
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set		• Mote • Com • Pay • Pay • Fire • Burg Other se	el, hotel Imercial cable cable-add'l cl protection Ilar protection	nannel					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)		• Mote • Com • Pay • Pay • Fire • Burg Other s e • Reco	el, hotel Imercial cable cable-add'l cl protection Ilar protection ervices:	nannel					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	el, hotel imercial cable cable-add'l cl protection plar protection ervices: pnnect	nannel					

	LEGAL NAME OF OWNER (OF CABLE SYSTEM:		SYSTEM II					
ne	CCI Systems, Inc. (FKA Cable Constructors Inc)								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station here station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, we column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the locati	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the	(1) stations carried only on a part- e carriage of certain network progr l(e)(2) and (4))]; and (2) certain sta rried by your cable system on a su e Special Statement and Program I both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program u Log)—if the so on some other tions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	wкоw	6	Ν	Madison, WI					
	WISC	3	N	Madison, WI					
Rows as Necessary		22	Ν						
essary	WMSN			Madison, WI					
essary	WMSN	4	N	Madison, WI Madison, WI					
essary		4 96							
ssary	WMTV		N	Madison, WI					
ssary	WMTV		N	Madison, WI					
essary	WMTV		N	Madison, WI					
essary	WMTV		N	Madison, WI					
cessary	WMTV		N	Madison, WI					
ecessary	WMTV		N	Madison, WI					
ecessary	WMTV		N	Madison, WI					
ecessary	WMTV		N	Madison, WI					
ecessary	WMTV		N	Madison, WI					
Vecessary	WMTV		N	Madison, WI					
lecessary	WMTV		N	Madison, WI					
ecessary	WMTV		N	Madison, WI					
Vecessary	WMTV		N	Madison, WI					
Necessary	WMTV		N	Madison, WI					
ecessary	WMTV		N	Madison, WI					
Vecessary	WMTV		N	Madison, WI					
Vecessary	WMTV		N	Madison, WI					

Accounting P			YSTEM [.]					A SA1-2E. PAGE
			Constructors Inc)					SYSTEM ID 6293
	,							0233
	every radio s	tation ca	rried on a separate and discrence of the second s					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: St	it is carried by monitoring, to prmation abou m. entify the call tate whether t	y the sys be recei t the Co sign of e he statio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process	t the system's hea system's FM ante his point, see pag	adend, and (2 nna, during ce ge (v) of the ge) it can k ertain sta eneral ir	e expected, ated intervals. Istructions in the.	Primary Transmitters: Radio
ignal, indicate t Column 4: G	this by placing ive the statior	g a check n's locatio	< mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		L						

Accounting Perio	d: 2023/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CCI Systems, Inc. (FKA	A Cable C	onstructors	Inc)				62932
	SUBSTITUTE CARRIAGE	-	-					
∎ Substitute	In General: In space I, identi substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former FC	C rules, regula	tions, or au	thorizations. F	For a further
Carriage:	1. SPECIAL STATEMENT		NING SUBSTI	TUTE CARRIAGE	-			
Special Statement and	 During the accounting per 				s, any nonne	work televi	sion program	n
Statement and Program Log	broadcast by a distant stat	ion?					YES	NO
	Note: If your answer is "No"	' leave the	rest of this nad	e blank. If your answer is '	"Ves " vou mi	⊢ Ist completi		
	log in block 2.	, leave the	rest of this pag		res, you me	ist complete	e the program	11
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst	itute progra	m on a separa		wherever pos	sible, if the	ir meaning is	;
	clear. If you need more spa			ows to the tables. sion program ("substitute	program") tha	t during th	e accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for furthe	er informatior	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for ex	ample, "I Lo	ove Lucy" or	
			lcast live, enter	"Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broa the case of Mexican or Can			e community to which the			e FCC or, in	
				em carried the substitute			with the mor	nth
	first. Example: for May 7 giv	re "5/7."		·	-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carne	ed by a system from 6.01.	15 p.m. to 6.2	6.50 p.m. s		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete unde	r FCC rules a	na regulatio	onsin	
					11			
	S	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED			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		TIMES — TO	DELETION
							_	
							_	
							_	
							_	
							_	+
		+						+
		+					=	<u>+</u>
							_	
							_	
							_	
							_	
								+
							_	+
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							_	
							_	
1							_	

Accounting Period:	2023/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID# 62932
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	ssion service mount, see	1,704.43 oss 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 \$20 • 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.	63,800	
	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 thi	s six-month	
	accounting period is \$52.00 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. 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		
Elline Francis			
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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		nts!

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: Inc. (FKA Cable Construc	tors Inc)		SYSTEM ID# 62932
M Channels	to its subscriber 1. Enter the tota system carrie 2. Enter the tota on which the	rs, and (2) the cable system's al number of channels on wh	s total nur ich the ca ns els ion broad	cast stations	e accounting period.	4 34
N Individual to Be Contacted			HER INF	ORMATION IS NEEDED (Identify a	n individual to whom	
for Further Information	Name	Kelly Tuttle			Telephone	906-776-2662
	Address	105 Kent St. (Number, street, rural route, apar Iron Mountain, MI 43 (City, town, state, zip)		uite number)		
	Email		nick@as	treaconnect.com	Fax (optional 906-828-328	9
O Certification	I, the undersigned (Owned) (Agen X (Office) I have examined	ed, hereby certify that (Check of er other than corporation or t of owner other than corpor in line 1 of space B and that t erer or partner) I am an officer in line 1 of space B. d the statement of account and ete, and correct to the best of r	partnersh ration or r he owner (if a corpo hereby do ny knowle <u>X</u> Enter ar	hip) I am the owner of the cable system partnership) I am the duly authorized is not a corporation or partnership; or pration) or a partner (if a partnership) of eclare under penalty of law that all sta dge, information, and belief, and are r	m as identified in line 1 of space B agent of the owner of the cable sy of the legal entity identified as own tements of fact contained herein nade in good faith.	/stem as identified
		Typed or printe Title:	d name:	Jacob Mulaikal		
		Date:			2/8/24	

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.

Constraints of the constructions in the same interval interval interval in the same interval	ccounting Period: 2023/2	FORM SA1-2E. PAGE 8.
SPECIAL STATEMENT CONCERNING ROSS RECEIPTS EXCLUSION The Salisitie High View Act of 1988 amended Tile 17, section 111(a)(1)(a), of the Copyright Act by adding the following of providing secondary transmission a formary to reacting at the system from the basic scribers and amounts collected from subscribers and the grass amounts gains to the cable system for the basic concerning Gross receiving secondary transmissions pursuant to section 119. ^o For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the page (SA1 2 GW). Outing the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by salitile acriters to satellite did normars? Interest ASSESSMENT Vist. Enter the total here and list the satellite carrier(s) below. S Interest ASSESSMENT You must complete this worksheet for those royally 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. Line 1 Enter the amount of late payment or underpayment. For an explanation of Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Multiply line 1 by the interest rate ⁴ and enter the sum here x 0.00274 Line 3 Multiply line 2 by the number of days late and enter the sum here. x 0.00274 Line 4 Multiply line 2 by the number of days late and enter the sum here. x 0.00274 Line 4 Multiply line 2 by the number of days late and enter the sum here. x 0.00274 Line 4 Multiply line 2 by the number of days late and enter the sum here. x 0.00274 Line 4 Multiply line 2 by the number of days late and enter the sum here. x 0.00274 Line 5 Multiply line 1 by the interest rate ⁴ and enter the sum here. x 0.00274 <th>GAL NAME OF OWNER OF CABLE SYSTEM:</th> <th>SYSTEM ID#</th>	GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Here Maing Address Maing Addres Maing Address Maing Address Maing Address	CI Systems, Inc. (FKA Cable Constructors Inc)	62932
Name Name Mailing Address Mailing Address 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. Q Line 1 Enter the amount of late payment or underpayment. x	 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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? 	- Special Statement
Name Name Mailing Address Mailing Address 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. Q Line 1 Enter the amount of late payment or underpayment. x		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Line 1 Enter the amount of late payment or underpayment	Name Name	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Line 1 Enter the amount of late payment or underpayment		
x	For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
x	X	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	xdays	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 4 Multiply line 3 by 0.00274** and enter here	
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.	in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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	 * 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. 	
Address ID number First community served		
ID number First community served	Owner	
First community served	Address	

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