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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Second	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
-	ems (Short Form) uctions are located	03/04/2025	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	o of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
	_			
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (`	(YYY/(Period))	
	2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (option	al - see instructions)	
Accounting Period				
	Instructions:			
В			osidiary of another corporation, give the full	corporate
Owner	List any other name or names under w	hich the owner conducts the business o	f the cable system.	
	-	he accounting period, only the owner only the owner only the payment covering the entire account of the entire account of the section of the	n the last day of the accounting period shou unting period.	ld submit a
	Check here if this is the system's first fi	iling. If not, enter the system's ID numb	er assigned by the Licensing Division.	63637
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTE	M	
	yondoo Broadband LLC			
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	IT)	
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	PO Box 22467 (Number, street, rural route, apartment, or suit	e number)		
	Baltimore MD 21203 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bu names already appear in space B. In lin			
System	1	:	-	
	yondoo SCTC			
	MAILING ADDRESS OF CABLE SYST	EM:		
	2 PO Box 22467 (Number, street, rural route, apartment, or suit	e number)		
	Baltimore MD 21203 (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	yondoo Broadband LLC	636
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	ed communities within unincorporated areas and including single you list will serve as a form of system identification hereafter kno gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
Firef	CITY OR TOWN	OR
First Community	Stayton Lyons	OR
,	Sublimity	OR
dd Rows as Necessary		
,		
	การกระบบการก	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	
Name	yondoo Broadband LLC							010	6363
Ε	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of t	he cable	
	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p						those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla evetam	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	•		•		•			
	separately for the particular serv					•	,		
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc						s wiu iir a j		
	Block 1: In the left-hand block					condary transmis	ssion servio	ce that cable	
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			•		0			
	subscriber who pays extra for ca								
	first set" and would be counted o	once again unc	ler "Ser	vice to addition	al set(s)."				
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	ind rates, in th	e ngnt-i	Ianu Diock. A t	wo- or the	e-word descript	ion of the s	Service is	
		DCK 1					BLOCK	(2	
		NO. OF		DATE	0.17			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set		26	91.95	Starter			4	26.9
	Service to additional set(s)		20	91.95	Starter				20.3
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat								
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur		usually	billed. If any r	ates are cl	harged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rate		ha aabl	a system for a	ach of the	applicable convi	oog ligtad		
ransmissions: Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential				
	• Pay cable			tel, hotel					
	Pay cable—add'l channel			mmercial					
	Fire protection		-	y cable					
	•Burglar protection		-	y cable-add'l cl	nannel				
	Installation: Residential			e protection					
	• First set			rglar protection					
	Additional set(s) EM radio (if concrete rate)			services:					
	FM radio (if separate rate)			connect					
	• Converter			connect tlet relocation					
			• Ou	uer relocation					
				ve to new addr					

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	yondoo Broadband L	LC		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste FCC rules and regulations	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part- e carriage of certain network progr	-time basis under rams [sections
Primary nsmitters: elevision	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. :: With respect to any distant stations ca		
	• Do <i>not</i> list the station her station was carried <i>only</i> or			
	basis. For further information Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instruc rogram services such as HBO, ES	tions. PN, etc. Identify each
	of license. For example, W	el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	C C	,
	educational station, by entr (for independent multicast) For the meaning of these tr Column 4: Give the location	n case whether the station is a network s ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), o erms, see page (iv) of the general instru on of each station. For U.S. stations, list idian stations, if any, give the name of th	for network multicast), "I" (for indep or "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the statior	pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KATU	2	Ν	Portland, OR
	KOIN	6	Ν	Portland, OR
ows as Necessary	KRCW	32	N	Portland, OR
	КРТV	12	Ν	Beaverton, OR
	KGW	8	Ν	
		U U	N	Portland, OR
	КОРВ	10	E	Portland, OR Portland, OR
	КОРВ	10	E	Portland, OR
	KOPB KUNP	10 16	E N	Portland, OR Portland, OR
	KOPB KUNP KPXG	10 16 5	E N N	Portland, OR Portland, OR Salem, OR
	KOPB KUNP KPXG KPDX	10 16 5 13	E N N N-M	Portland, OR Portland, OR Salem, OR Beaverton, OR
	KOPB KUNP KPXG KPDX KATU	10 16 5 13 4	E N N N-M N	Portland, OR Portland, OR Salem, OR Beaverton, OR Portland, OR
	KOPB KUNP KPXG KPDX KATU KRCW	10 16 5 13 4 7	E N N N-M N N N	Portland, OR Portland, OR Salem, OR Beaverton, OR Portland, OR Salem, OR
	KOPB KUNP KPXG KPDX KATU KRCW KPDX	10 16 5 13 4 7 49.3	E N N N-M N N N N-M	Portland, OR Portland, OR Salem, OR Beaverton, OR Portland, OR Salem, OR Portland, OR
	KOPB KUNP KPXG KPDX KATU KRCW KPDX KATU	10 16 5 13 4 7 49.3 2.3	E N N N-M N N N N-M N	Portland, OR Portland, OR Salem, OR Beaverton, OR Portland, OR Salem, OR Portland, OR Portland, OR
	KOPB KUNP KPXG KPDX KATU KRCW KPDX KATU KOIN	10 16 5 13 4 7 49.3 2.3 6.3	E N N N-M N N N N N N N	Portland, OR Portland, OR Salem, OR Beaverton, OR Portland, OR Salem, OR Portland, OR Portland, OR Portland, OR
	KOPB KUNP KPXG KPDX KATU KRCW KPDX KATU KOIN KDPX KOIN	10 16 5 13 4 7 49.3 2.3 6.3 49.4 6.2	E N N N N N-M N N N N N N N N N N N N N N	Portland, OR Portland, OR Salem, OR Beaverton, OR Portland, OR Salem, OR Portland, OR
	KOPB KUNP KPXG KPDX KATU KRCW KPDX KATU KOIN KDPX	10 16 5 13 4 7 49.3 2.3 6.3 49.4	E N N N N N N N N N N N N N N N N N N N	Portland, ORPortland, ORSalem, ORBeaverton, ORPortland, ORSalem, ORPortland, OR
	KOPB KUNP KPXG KPDX KATU KRCW KPDX KATU KOIN KDPX KOIN	10 16 5 13 4 7 49.3 2.3 6.3 49.4 6.2	E N N N N N-M N N N N N N N N N N N N N N	Portland, OR Portland, OR Salem, OR Beaverton, OR Portland, OR Salem, OR Portland, OR
	KOPB KUNP KPXG KPDX KATU KRCW KPDX KATU KOIN KDPX KOIN	10 16 5 13 4 7 49.3 2.3 6.3 49.4 6.2	E N N N N N-M N N N N N N N N N N N N N N	Portland, OR Portland, OR Salem, OR Beaverton, OR Portland, OR Salem, OR Portland, OR

		C						636
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recei t the Co sign of e he 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 pay ed by the cable s he station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can l ertain st eneral ir 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	
SALL SIGN		0/0	LOOKTION OF STATION	UNLL DIGIN		0/0	LOOKTION OF STATION	

Accounting Perio	d: 2024/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	yondoo Broadband LL	_C						63637
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ify every no	nnetwork televi	<i>sion program</i> , broadcast by	/ a distant sta	tion, that y	our cable sys	tem carried on a
	substitute basis during the a	iccounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, o	r authorizatior	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general ins	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did yo	ur cable syster	n carry, on a substitute ba	isis, any nonr	network te	levision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust comp	plete the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI			-4-1011		:		. :-
	In General: List each subs clear. If you need more spa				s wherever p	ossidie, it i	ineir meaning	j is
				vision program ("substitute	e program") tl	nat, during	the account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pro	ogramming	g of another s	station
	under certain FCC rules, re	gulations, o	or authorization	ns. See page (v) of the ge	neral instruct	ions for fu	rther informa	tion.
	Do not use general categor "NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra	am uties, for e	example,	I LOVE LUCY	01
	Column 2: If the program	m was broa		er "Yes." Otherwise enter				
				asting the substitute prog				•
	the case of Mexican or Car			the community to which the community with which the			the FCC or,	IN
				stem carried the substitute			als, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program can	ned by a system from 6.0	1:15 p.m. to o	.28:30 p.n	n. snouid be	
		er "R" if the	e listed prograr	n was substituted for prog	ramming that	your syst	em was <i>requ</i>	ired
	to delete under FCC rules							ogram
	was substituted for prograr effect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	and regu	lations in	
		•						
	_					N SUBST		
		UBSTITUT 2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
							—	

Accounting Period:	2024/2 FORM SA1-2	2E. PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	TEM ID#
Name	yondoo Broadband LLC	63637
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	89.50 receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	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 this 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	0.02
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.02
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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 \$ 263,800.00	
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.02	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.02
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2024/2						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C yondoo Broad	DWNER OF CABLE SYSTEM: band LLC					SYSTEM ID# 63637
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of s, and (2) the cable system's f number of channels on whic television broadcast stations number of activated channel able system carried television ast services	total numb ch the cable s els n broadcas	er of activated channe	Is during the a	ccounting period.	17
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of account		RMATION IS NEEDED) (Identify an ir	ndividual to whom	
for Further Information	Name	Robert Steffen				Telepho	one 410-727-8250 ext 121
	Address	PO Box 22467 (Number, street, rural route, apart Baltimore MD 21203 (City, town, state, zip)		e number)			
	Email					Fax (optional)	
O Certification	I, the undersigned (Ownee) (Agentian in l X (Offician l I have examined	(This statement of account m ed, hereby certify that (Check of er other than corporation or p t of owner other than corpor line 1 of space B and that the of er or partner) I am an officer line 1 of space B. d the statement of account and e, and correct to the best of m on 1001(1986)]	one, <i>but on</i> partnershi ration or pa owner is no (if a corpor d hereby de ny knowledg	y one, of the boxes.) b) I am the owner of the artnership) I am the du t a corporation or partn ation) or a partner (if a clare under penalty of I	e cable system ly authorized a lership; or partnership) of law that all state ief, and are man n n	as identified in line 1 of spa gent of the owner of the ca the legal entity identified as ements of fact contained he de in good faith.	ace B; or ble system as identified s owner of the cable system
		Typed or printe		Robert Steffen resident of Final	nce		
		(Title of c Date:	official positic	n held in corporation or par	tnership)	02/28/2025	

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.

Andoo Broadband LLC 634 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Image: Concerning Gross and the gross amounts paid to the copyright Act by adding the following sectores and amounts of grimary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Image: Concerning Gross receipts for secondary transmissions Image: Concerning Gross receipts for secondary transmissions Special Statement No Image: Concerning Gross receipts for secondary transmissions Image: Concerning Gross receipts for secondary transmissions Concerning Gross receipts for secondary transmissions Receipts Exclusion Mining Address Image: Concerning Gross receipts for secondary transmissions Image: Concerning Gross receipts for secondary transmissions Concerning Gross receipts for secondary transmissions Mare: Mare: Mare: Mare: Mare: Mare: Concerning Gross Concerning Gross receipts for secondary transmissions Concerning Gross receipts for secondary transmissions Concerning Gross		024/2		FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended The 17, section 111(d)(1)(A), of the Copyright Act by adding the following secondary transmissions of primary toradicatal transmitters, the system shall not induce aubuscible consultation of aubusciblers receiving secondary transmissions pursuant to section 119. For more information on when to exclude these amounts, see the note on page (4i) of the general instructions located in the paper SA1-2 form. Secondary transmissions Image Image Image Image Maing Address: Image Image Image Image <th>AL NAME OF OWN</th> <th>IER OF CABLE SYSTEM:</th> <th></th> <th>SYSTEM ID</th>	AL NAME OF OWN	IER OF CABLE SYSTEM:		SYSTEM ID
The stellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: P "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic conterning Gross sections and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." P For more information on when to exclude these amounts, see the note on page (vii) of the general instructions containing period, did the cable system axclude any amounts of gross receipts for secondary transmissions made by satellite carters to satellite dish owners? P Image for the total here and list the satellite cartier(s) below. \$ P Image for the second these amounts, see the note on page (vii) of the general instructions containt the system for the basic contenting Gross made by satellite cartiers to satellite dish owners? None Image for the second the set of the second the secon	doo Broadba	nd LLC	F	6363
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? Image: Solution of the second transmission of transmission of the second transmission of transmission of the second transmission of the second transmission of transmis	The Satellite Ho lowing sentence "In deter service of	ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by add e: mining the total number of subscribers and the gross amounts paid to the cable system for t of providing secondary transmissions of primary broadcast transmitters, the system shall not	he basic include sub-	- Special Statement Concerning Gross
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. Name Maing Address Name Maing 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. Line 1 Enter the amount of late payment or underpayment. 2.08 x 4% Line 2 Multiply line 1 by the interest rate* and enter the sum here 6.24 x 0.00274 Line 3 Multiply line 2 by the number of days late and enter the sum here \$ 0.02 (interest charge) * 0.02 * 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/interest-rate.pdf. For further assistance 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			ons	Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Maining Address Maining Address INTEREST ASSESSMENT Nume 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. Line 1 Enter the amount of late payment or underpayment. \$ \$ \$ \$ \$ Interest Assessment. \$	made by satellit		ansmissions	
Name Name Mailing Address Mailing Address INTEREST ASSESSMENT Mailing Address 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 Line 1 Enter the amount of late payment or underpayment \$52.00 x 4% Line 2 Multiply line 1 by the interest rate* and enter the sum here 2.08 x 3 days Line 3 Multiply line 2 by the number of days late and enter the sum here 6.24 x 0.00274 1 Line 4 Multiply line 3 by 0.00274** and enter here \$0.02 (interest charge) * * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please 0.02 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing@copyright.gov. * To view the owner, address, first community served, ID number, and account already submitted to the Copyright Office, please list below the owner, address, first community served D number Di number First community served D number First community served				
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	YES. Enter	the total here and list the satellite carrier(s) below		
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