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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	03/01/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
		Instructions:	
B		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. 30004	
		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	
		TELECOMMUNICATIONS MANAGEMENT, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MONTGOMERY PLAZA, 4TH FLOOR (Number, street, rural route, apartment, or suite number)	
		SIKESTON, MO 63801	
		(City, town, state, zip)	
C		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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	1	IDENTIFICATION OF CABLE SYSTEM:	
		TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)	
		PHOENIX, AZ 85012	
		(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 fing, a determination that would be made by a court of law.

Name		SYSTEM ID#
	TELECOMMUNICATIONS MANAGEMENT, LLC Instructions: List each separate community served by the cable system. A "communi	
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 li	
	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	ARGENTA	IL
Community		L.
dd Rows as Necessary	MACON COUNTY	IL
uu nows as necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								313	3000
	TELECOMMUNICATION	5 MANAGE	WENT,	LLC					0000
Е	SECONDARY TRANSMISSION			-	-				
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							ig on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the ne							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed f	or advan	ce payment.	-				
	Block 1: In the left-hand block								
	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	nce again unde	er "Servic	e to addition	al set(s)."				
	Block 2: If your cable system I								
	printed in block 1 (for example, the with the number of subscribers a								
	sufficient.	ind rates, in the	nynt-nai	IU DIUCK. A IN		e-word descripti			
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIADE		TUTE	0,111		(IIIOE	COBCOLUBEILO	1011
	 Service to first set 		186	\$36.30					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		5	\$36.30					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat		,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			RY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
			Installat	ion: Non-res	sidential				
	Continuing Services:		 Mote 	l, hotel					
	Continuing Services: Pay cable	\$9-\$18.00							
	-	\$9-\$18.00	• Com	mercial					
	• Pay cable	\$9-\$18.00	• Com • Pay o						
	Pay cable Pay cable—add'l channel	\$9-\$18.00	• Pay o		nannel				
	Pay cable Pay cable—add'l channel Fire protection	\$9-\$18.00	• Pay o • Pay o • Fire p	cable cable-add'l cl protection					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 	\$9-\$18.00 \$40.00	• Pay o • Pay o • Fire p	cable cable-add'l cl					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay o • Pay o • Fire p	cable cable-add'l cl protection ar protection					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Pay o • Pay o • Fire p • Burg	cable cable-add'l cl protection ar protection prvices:		\$25.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay o • Pay o • Fire p • Burg Other se	cable cable-add'l cl protection ar protection rvices: nnect		\$25.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		Pay of Pay	cable cable-add'l cl protection ar protection rvices: nnect		\$25.00			

Nama	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM
Name	TELECOMMUNICATIO	ONS MANAGEMENT, LLC		300
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(c substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	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	(1) stations carried only on a part- e carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educated actions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		17		
	WAND	17	N	DECATUR, IL
	WAND	22	I	DECATUR, IL DECATUR, IL
ows as Necessary			N I N	
ws as Necessary	WBUI	22	<u>I</u>	DECATUR, IL
ows as Necessary	WBUI WCIA	22 48	I N	DECATUR, IL CHAMPAIGN, IL
ws as Necessary	WBUI WCIA WCIX	22 48 13	I N N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL
ows as Necessary	WBUI WCIA WCIX WEIU	22 48 13 50	I N N E	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL
ows as Necessary	WBUI WCIA WCIX WEIU WICS	22 48 13 50 42	I N N E N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL SPRINGFIELD, IL
ows as Necessary	WBUI WCIA WCIX WEIU WICS WILL	22 48 13 50 42 9	I N N E N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
ows as Necessary	WBUI WCIA WCIX WEIU WICS WILL	22 48 13 50 42 9	I N N E N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
ows as Necessary	WBUI WCIA WCIX WEIU WICS WILL	22 48 13 50 42 9	I N N E N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
ows as Necessary	WBUI WCIA WCIX WEIU WICS WILL	22 48 13 50 42 9	I N N E N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
ows as Necessary	WBUI WCIA WCIX WEIU WICS WILL	22 48 13 50 42 9	I N N E N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
ows as Necessary	WBUI WCIA WCIX WEIU WICS WILL	22 48 13 50 42 9	I N N E N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
ows as Necessary	WBUI WCIA WCIX WEIU WICS WILL	22 48 13 50 42 9	I N N E N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
ows as Necessary	WBUI WCIA WCIX WEIU WICS WILL	22 48 13 50 42 9	I N N E N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
ows as Necessary	WBUI WCIA WCIX WEIU WICS WILL	22 48 13 50 42 9	I N N E N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
ows as Necessary	WBUI WCIA WCIX WEIU WICS WILL	22 48 13 50 42 9	I N N E N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
ows as Necessary	WBUI WCIA WCIX WEIU WICS WILL	22 48 13 50 42 9	I N N E N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
ows as Necessary	WBUI WCIA WCIX WEIU WICS WILL	22 48 13 50 42 9	I N N E N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
ows as Necessary	WBUI WCIA WCIX WEIU WICS WILL	22 48 13 50 42 9	I N N E N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
ows as Necessary	WBUI WCIA WCIX WEIU WICS WILL	22 48 13 50 42 9	I N N E N	DECATUR, IL CHAMPAIGN, IL SPRINGFIELD, IL CHARLESTON, IL SPRINGFIELD, IL URBANA, IL

Accounting F	Period: 2017	/2					FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF			YSTEM: NAGEMENT, LLC					SYSTEM ID# 30004
all-band basis w Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo	t every radio s whose signals ctions Conce it is carried b monitoring, to ormation abou rm. dentify the call	station ca were ge rning Al y the sys be receint the Co	arried on a separate and discr nerally receivable by your cat I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM.	ble system during Copyright Office i t the system's he system's FM ante	the accountin regulations, ar adend, and (2 enna, during c	ig perioo n FM sig ?) it can ertain si	1. nal is generally be expected, ated intervals.	H Primary Transmitters: Radio
Column 3: If signal, indicate Column 4: C	f the radio stat this by placing Give the station	ion's sig g a checl n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	<u> </u>							
	Γ		11				I	

Accounting Perio	od: 2017/2					FORI	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	TELECOMMUNICATIO	NS MANA	GEMENT, L	LC			30004
	SUBSTITUTE CARRIAGE						
•	In General: In space I, identi substitute basis during the ad						
Substitute	explanation of the programmi						
Carriage:	1. SPECIAL STATEMENT				<u>J</u>		-
Special	 During the accounting peri 				s. anv nonnet	twork television program	ı
Statement and	broadcast by a distant stat	•		carry, on a cubonato baon	o, any nonno		
Program Log	-					YES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the program	n
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more space				wherever pos	sible, if their meaning is	
				sion program ("substitute p	program") tha	t. during the accounting	
	period, was broadcast by a						
	under certain FCC rules, reg						1.
	Do not use general categori		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs.		least live onto	"Vas " Othonwisa optar "N	o."		
				"Yes." Otherwise enter "N sting the substitute program			
				e community to which the		nsed by the FCC or, in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the s	station is iden	tified).	
			when your sys	tem carried the substitute p	orogram. Use	numerals, with the mon	ith
	first. Example: for May 7 giv						h .
	to the nearest five minutes.			gram was carried by your o			У
	stated as "6:00–6:30 p.m."		i piogram cam		5 p.m. to 0.2		
		er "R" if the	listed program	was substituted for progra	mming that y	our system was require	d
	to delete under FCC rules a						am
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	l		AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						-	
						-	
						_	
						_	
1	1		1		· · ·		

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC	S	STEM ID# 30004
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.	mission service s amount, see	e 9,263.19
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 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	this six-month	
	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,	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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Name	LEGAL NAME OF (OWNER OF CABLE SYSTEM:				
	TELECOMMUN	NICATIONS MANAGEMEN	NT, LLC			SYSTEM ID# 30004
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carried	s, and (2) the cable system's I number of channels on whic I television broadcast stations I number of activated channe able system carried television	s total numbe ich the cable s els in broadcast	er of activated channels during		. <u>8</u> . <u>105</u>
N Individual to Be Contacted	we can contact a	about this statement of accou	unt.)	MATION IS NEEDED (Identify		000 004 0405
for Further Information	Name	EMERSON YEARWO	000		Telephor	e <u>602-364-6195</u>
	Address	210 E. EARLL DRIVE (Number, street, rural route, apar		e number)		
		PHOENIX, AZ 85012 (City, town, state, zip)	2			
	Email	EMERSON.YE	EARWOOD	@CABLEONE.BIZ	Fax (optional) 602-364-6	013
ο	CERTIFICATION	(This statement of account m	must be certi	fied and signed in accordance	with Copyright Office regulations	;)
Certification		ed, hereby certify that (Check o er other than corporation or p	-		tem as identified in line 1 of space	B; or
	X (Offic in I have examined	line 1 of space B and that the o cer or partner) I am an officer (line 1 of space B. d the statement of account and te, and correct to the best of my	owner is not (if a corporat	a corporation or partnership; or ion) or a partner (if a partnership	ed agent of the owner of the cable a) of the legal entity identified as ov statements of fact contained herein made in good faith.	vner of the cable system
			Enter an e	/s/ RAYMOND STORC lectronic signature on the line ab ature using an "/s/ signature" (e.	ove to certify this statement.	_
		Typed or printed	ed name:	RAYMOND STORCK		
		Title: (Title of		RESIDENT n held in corporation or partnership)		
		Date:			February 28, 2018	

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unting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ECOMMUNICATIONS MANAGEMENT, LLC	3000
 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 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? X NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	
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	
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	Q
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	Q Interest Assessmen
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	Interest Assessment
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	L L
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	Interest Assessme
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	Interest Assessme
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