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	02/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	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			
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.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Grande Communications Networks, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 401 Carlson Circle (Number, street, rural route, apartment, or suite number)	
		San Marcos, TX 78666 (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 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:	
		Centrovision, INC - Troy MAILING ADDRESS OF CABLE SYSTEM:	
	2	401 Carlson Circle (Number, street, rural route, apartment, or suite number)	
		San Marcos, TX 78666 (City, town, state, zip code)	
<u>.</u>			

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 ID#
Name	Grande Communications Networks, LLC	5431
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora 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 filir	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Тгоу	TX
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
Name	Grande Communication	s Networks	, LLC						543
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	TES				
E	In General: The information in s			-	-	y transmission s	service of the	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						nle system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n	umber of billing	s in tha	t category (the	number o	f persons or org	anizations		
	separately for the particular serv							a and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	ounts allowed f	for adva	ance payment.			о тала с р		
	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								
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		, ngnt-n						
	BLO	DCK 1					BLOC		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	Service to first set		856	28.49					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel		0	28.49					
	Commercial		5	28.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	-				l your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services		,		0				
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	16.99	• Mo	tel, hotel			Expand	led Basic	46.0
	Pay cable—add'l channel		• Co	mmercial			Digital	Tier (Premier Pa	22.9
	Fire protection		• Pay	y cable			Variety	Pak	14.9
	 Burglar protection 		• Pay	y cable-add'l ch	annel		HD Tie		6.9
	Installation: Residential		• Fire	e protection			Latin T		7.9
	First set	54.99	• Bur	rglar protection				Plus Pak	14.9
	 Additional set(s) 	30.00	Other	services:				ports Tier	4.9
			- Do			30.00	Movie [•]	Tier	70
	• FM radio (if separate rate)		• Red	connect		30.00			7.9
				connect connect		50.00			7.9
	• FM radio (if separate rate)		• Dis			30.00			7.8

	LEGAL NAME OF OWNER O			SYSTE
ame	LEGAL NAME OF OWNER O Grande Communicat			515121
	PRIMARY TRANSMITTERS:	· · ·		
G mary mitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p id with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t 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 or 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
	KCEN	6	N	Temple, TX
	кwтх	10	Ν	Waco, TX
as Necessary	кххv	25	N	Waco, TX
	кwкт	44	Ν	Waco, TX
	KNCT	46	Е	Killeen, TX
	KCEN-2	6.1	l	Temple, TX
			<u>I</u>	
	KCEN-2		1 N	
	KCEN-2 KCEN-4	6.1	I N N	Temple, TX
	KCEN-2 KCEN-4 KWTX-2	6.1 10.1		Temple, TX Waco, TX
	KCEN-2 KCEN-4 KWTX-2 KXXV-2	6.1 10.1		Temple, TX Waco, TX
	KCEN-2 KCEN-4 KWTX-2 KXXV-2 KXXV-3	6.1 10.1 25.1	N	Temple, TX Waco, TX Waco, TX
	KCEN-2 KCEN-4 KWTX-2 KXXV-2 KXXV-3 KWKT-2	6.1 10.1 25.1	N	Temple, TX Waco, TX Waco, TX
	KCEN-2 KCEN-4 KWTX-2 KXXV-2 KXXV-3 KWKT-2 KAKW-3	6.1 10.1 25.1	N	Temple, TX Waco, TX Waco, TX
	KCEN-2 KCEN-4 KWTX-2 KXXV-2 KXXV-3 KWKT-2 KAKW-3	6.1 10.1 25.1	N	Temple, TX Waco, TX Waco, TX
	KCEN-2 KCEN-4 KWTX-2 KXXV-2 KXXV-3 KWKT-2 KAKW-3	6.1 10.1 25.1	N	Temple, TX Waco, TX Waco, TX
	KCEN-2 KCEN-4 KWTX-2 KXXV-2 KXXV-3 KWKT-2 KAKW-3	6.1 10.1 25.1	N	Temple, TX Waco, TX Waco, TX
	KCEN-2 KCEN-4 KWTX-2 KXXV-2 KXXV-3 KWKT-2 KAKW-3	6.1 10.1 25.1	N	Temple, TX Waco, TX Waco, TX
	KCEN-2 KCEN-4 KWTX-2 KXXV-2 KXXV-3 KWKT-2 KAKW-3	6.1 10.1 25.1	N	Temple, TX Waco, TX Waco, TX
	KCEN-2 KCEN-4 KWTX-2 KXXV-2 KXXV-3 KWKT-2 KAKW-3	6.1 10.1 25.1	N	Temple, TX Waco, TX Waco, TX
	KCEN-2 KCEN-4 KWTX-2 KXXV-2 KXXV-3 KWKT-2 KAKW-3	6.1 10.1 25.1	N	Temple, TX Waco, TX Waco, TX
	KCEN-2 KCEN-4 KWTX-2 KXXV-2 KXXV-3 KWKT-2 KAKW-3	6.1 10.1 25.1	N	Temple, TX Waco, TX Waco, TX

Accounting F	Period: 2017	/2					FORM	/I SA1-2E. PAGE 4.
LEGAL NAME O								SYSTEM ID#
Grande Con	nmunicatio	ns Net	works, LLC					5431
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the call State whether f f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under C stem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 his point, see pa ed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		s, ir arry,	-					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						
				1				

	od: 2017/2						FOR	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Grande Communication	ons Netwo	orks, LLC					5431
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
	In General: In space I, identi	ify every no	nnetwork televis	sion program, broadcast by	a <i>distant</i> stati	on, that you	ur cable syste	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or a	uthorizations.	. For a further
Substitute	explanation of the programm				general instr	uctions in th	ne paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basis	s, any nonnet	work televi	sion prograr	n
Program Log	broadcast by a distant sta	tion?				L	YES	NO
	Note: If your answer is "No"	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complet	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if the	ir meaning is	3
				ision program ("substitute p	program") that	t, during th	e accounting	1
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substituted	d for the prog	ramming of	f another sta	tion
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		VIES OF DASKE	abali. List specific program		ample, i Lo	We Lucy Of	
				r "Yes." Otherwise enter "N				
				asting the substitute programe community to which the		nsed by the	FCC or in	
	the case of Mexican or Can						51 00 01, 11	
	Column 5: Give the mor	nth and day		tem carried the substitute p			with the mor	nth
	first. Example: for May 7 giv		substituto pro	gram was carried by your o	able system	List the tin		ala c
	to the nearest five minutes.							iy
	stated as "6:00–6:30 p.m."	•						
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		· · · , · · · ·			- - - -		
	s	UBSTITUT	E PROGRAM	1		N SUBST		7. REASON FOR
	S	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	

Accounting Period:	2017/2		FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC		ę	SYSTEM ID# 5431
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syster (as identified in space E) during the accounting period. For a further explanation of 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 receipting	n's secondary tran how to compute th	smission servi is amount, servi \$ 24	ice
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 le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ess than \$527,600	9 \$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 to accounting period is \$52.00 Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 a	and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bt			
	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		240,633.00	
	5. Enter the amount from line 3	\$	23,167.00	
	6. Subtract line 5 from line 4		217,466.00	
	7. Multiply line 6 by .005 (enter figure here)		\$	1,087.33
	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		\$	1,087.33
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$52	7,600)	
	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)			
	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, an	d 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)	\$	1,087.33	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,107.33
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 forr	• •		ghts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: munications Networks, LLC	SYSTEM ID 5431
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried telev ers, and (2) the cable system's total number of activated channels during the account tal number of channels on which the cable ed television broadcast stations	unting period.
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an indivi- t about this statement of account.)	dual to whom
for Further Information	Name	Jacqueline Mathis	Telephone 609-751-9316
	Address	650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)	
		Princeton, NJ 08540 (City, town, state, zip)	
	Email	Jacqueline.Mathis@rcn.net F	Fax (optional)
O Certification	I, the undersig (Ow (Ag X (Of I have examinare true, comp	N (This statement of account must be certified and signed in accordance with Copy aned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as ide ant of owner other than corporation or partnership) I am the duly authorized agent of in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the le in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statement ete, and correct to the best of my knowledge, information, and belief, and are made in g tion 1001(1986)] X /s/ John Rusak Enter an electronic signature on the line above to cert	entified in line 1 of space B; or of the owner of the cable system as identified gal entity identified as owner of the cable system is of fact contained herein good faith.
		Enter signature using an "/s/ signature" (e.g., /s/ John Typed or printed name: John Rusak	n Smith)
		Title: Senior Vice President - Controller (Title of official position held in corporation or partnership)	
		Date:	2/28/18

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unting Period: 2017/2					FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SY	YSTEM:				SYSTEM I
nde Communications Net	works, LLC				543
The Satellite Home Viewer Act of lowing sentence: "In determining the total service of providing seco scribers and amounts co For more information on when to located in the paper SA1-2 form During the accounting period, di made by satellite carriers to sate	id the cable system exclude any a ellite dish owners?	111(d)(1)(A), of the oss amounts paid to oadcast transmitter secondary transmi note on page (vii) o mounts of gross red	e Copyright Act by o the cable system rs, the system shal issions pursuant to of the general instru- ceipts for secondar	for the basic I not include sub- section 119." uctions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here ar	nd list the satellite carrier(s) below		\$		_
Name		Name Mailing Address			
	 eet for those royalty payments sub ssessment, see page (viii) of the g 				Q
You must complete this workshe For an explanation of interest as	eet for those royalty payments sub	eneral instructions	located in the pape		Q Interest Assessmen
You must complete this workshe For an explanation of interest as Line 1 Enter the amount of late	eet for those royalty payments sub ssessment, see page (viii) of the g	eneral instructions	Iocated in the pape		Q Interest Assessmen
You must complete this workshe For an explanation of interest as Line 1 Enter the amount of late Line 2 Multiply line 1 by the inte	eet for those royalty payments sub ssessment, see page (viii) of the g e payment or underpayment	eneral instructions	Iocated in the pape	er SA1-2 form.	Q Interest Assessmen
You must complete this workshe For an explanation of interest as Line 1 Enter the amount of late Line 2 Multiply line 1 by the inte	eet for those royalty payments sub ssessment, see page (viii) of the g e payment or underpayment erest rate* and enter the sum here	eneral instructions	Iocated in the pape	er SA1-2 form.	Q Interest Assessmen
You must complete this workshe For an explanation of interest as Line 1 Enter the amount of late Line 2 Multiply line 1 by the inter Line 3 Multiply line 2 by the nu Line 4 Multiply line 3 by 0.0027	eet for those royalty payments sub ssessment, see page (viii) of the g e payment or underpayment erest rate* and enter the sum here mber of days late and enter the su	eneral instructions	located in the pape x	er SA1-2 form. - days -	Q Interest Assessmen
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You must complete this workshe For an explanation of interest as Line 1 Enter the amount of late Line 2 Multiply line 1 by the inter Line 3 Multiply line 2 by the nu Line 4 Multiply line 3 by 0.0027 in space L, (page 6) bloc * To view the interest rate ch contact the Licensing Divis	eet for those royalty payments sub seessment, see page (viii) of the g e payment or underpayment erest rate* and enter the sum here mber of days late and enter the su 74** and enter here ck 1, line 2, or block 2 line 8, or blo nart click on <i>www.copyright.gov/lic</i>	eneral instructions	located in the pape x	er SA1-2 form.	Q Interest Assessment
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