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	OFFICE USE ONLY	Return completed workbool 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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20172 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.	060598
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701 (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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	<u> </u>	OSBURN, ID	
		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 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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	060598
	Instructions: List each separate community served by the cable system. A "community"	
D	"a separate and distinct community or municipal entity (including unincorporated com	
	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.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	me parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	OSBURN	ID
ommunity	ELIZABETH PARK	ID
	KELLOGG	ID
ws as Necessary	PINHURST	ID
NS as necessary	SMELTERVILLE	ID
	WALLACE	ID
		U

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							06059
-	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRI	BERS AND R	ATES				
Е	In General: The information in sp								
	system, that is, the retransmission								
Secondary	about other services (including p						nose existii	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi								
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				ny standai	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmis	sion service	e 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					I in the count un	der "Servic	e to the	
	Block 2: If your cable system h					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.				1			-	
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		,339	24.95					
	 Service to additional set(s) 	2	2,025	0					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		305	27.63					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	NSMISS	SIONS: RATE	s				
F	In General: Space F calls for rat	e (not subscribe	er) infor	mation with re	spect to al	ll your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There are								
Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		louuny					gram baolo,	
Transmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				sned. List	these other serv	lices in the	form of a	
						I			
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	VICE	RATE	CATECO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res		NATE	CATEGO	DRT OF SERVICE	NATE
	• Pay cable	17.00		el, hotel					
	• Pay cable—add'l channel	19.00		nmercial					
	• Fire protection			cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	40.00		glar protection					
	Additional set(s)			giar protection ervices:					
		25.00		onnect		40.00			
	 FM radio (if separate rate) Converter 			connect		40.00			
	- Converter					25.00			
			• Out	let relocation		25.00			
				ve to new addr		40.00			

	2017/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	CEQUEL COMMUNIC			06059
G Primary nsmitters: elevision	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e 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 <i>a</i> 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, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination with a station according to its over-the	<i>t</i> (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain state 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 instruct program services such as HBO, ESI 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 education uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAYU-HD	28	I-M	SPOKANE, WA
	KAYU-TV	28	l	SPOKANE, WA
ows as Necessary	KHQ-HD	15	N-M	SPOKANE, WA
	KHQ-TV	15	Ν	SPOKANE, WA
	KHQ-DT	15	I-M	SPOKANE, WA
	KREM	20	Ν	SPOKANE, WA
		20		
	KREM-HD	20	N-M	SPOKANE, WA
	KREM-HD KREM-LIVE	20	N-M I-M	SPOKANE, WA SPOKANE, WA
	KREM-LIVE	20	I-M	SPOKANE, WA
	KREM-LIVE KSPS-HD	20 7	I-M E-M	SPOKANE, WA SPOKANE, WA
	KREM-LIVE KSPS-HD KSPS-TV	20 7 7	I-M E-M E	SPOKANE, WA SPOKANE, WA SPOKANE, WA
	KREM-LIVE KSPS-HD KSPS-TV KUID-TV	20 7 7 12	I-M E-M E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
	KREM-LIVE KSPS-HD KSPS-TV KUID-TV KXLY-HD	20 7 7 12 13	I-M E-M E E E N-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA
	KREM-LIVE KSPS-HD KSPS-TV KUID-TV KXLY-HD KXLY-METV	20 7 7 12 13 13	I-M E-M E E N-M I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA
	KREM-LIVE KSPS-HD KSPS-TV KUID-TV KXLY-HD KXLY-METV	20 7 7 12 13 13	I-M E-M E E N-M I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA
	KREM-LIVE KSPS-HD KSPS-TV KUID-TV KXLY-HD KXLY-METV	20 7 7 12 13 13	I-M E-M E E N-M I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA
	KREM-LIVE KSPS-HD KSPS-TV KUID-TV KXLY-HD KXLY-METV	20 7 7 12 13 13	I-M E-M E E N-M I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA
	KREM-LIVE KSPS-HD KSPS-TV KUID-TV KXLY-HD KXLY-METV	20 7 7 12 13 13	I-M E-M E E N-M I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA
	KREM-LIVE KSPS-HD KSPS-TV KUID-TV KXLY-HD KXLY-METV	20 7 7 12 13 13	I-M E-M E E N-M I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA
	KREM-LIVE KSPS-HD KSPS-TV KUID-TV KXLY-HD KXLY-METV	20 7 7 12 13 13	I-M E-M E E N-M I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA
	KREM-LIVE KSPS-HD KSPS-TV KUID-TV KXLY-HD KXLY-METV	20 7 7 12 13 13	I-M E-M E E N-M I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID SPOKANE, WA SPOKANE, WA

CEQUEL CO	F OWNER OF C							SYSTEM II 0605
PRIMARY TRA	NSMITTERS	: RADIO						
			arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call state whether if the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal 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 pa ed by the cable s ne station is licen	eadend, 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
	· · · · · · · · ·	1		I	· · · · · · · · · · · · · · · · · · ·			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
						L		

Accounting Perio	od: 2017/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC				060598
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3		
I I	In General: In space I, identi				-	ion that your cable	system carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the paper	r SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television pro	ogram
Program Log	broadcast by a distant sta	tion?				YE	
i rogiani 20g	Note: If your answer is "No'	' leave the	rest of this nad	e blank. If your answer is '	Yes " vou mi		
		, leave the	rest of this pag		res, you me		ogram
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their mean	ing is
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.			-
				sion program ("substitute p			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categori	ies like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love Luc	y" or
	"NBA Basketball: 76ers vs.						
				r "Yes " Otherwise enter "N sting the substitute progra			
				e community to which the		nsed by the FCC o	or, in
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	ntified).	
			when your sys	tem carried the substitute p	orogram. Use	numerals, with the	e month
	first. Example: for May 7 giv		substitute pro	gram was carried by your o	ahla evetam	List the times acc	urately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a was substituted for program						program
	effect on October 19, 1976.						
			E PROGRAM	1		N SUBSTITUTE	D 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 —	ТО
						_	
						_	
						_	
						_	

Accounting Period:	2017/2		FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC		060598
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and t all amounts (gross receipts) paid to your cable system by subscribers for the syst (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 the statement in space P concerning gross receipting for the statement in space P concerning gross for the statement in space P concerning gross for the statement in space P	em's secondary trans of how to compute thi	mission service
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more info	less than \$527,600	\$263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,10	OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee 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		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1	and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (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	7,600)
	1. Enter the amount of gross receipts from space K	322,927.35	
	2. Base amount under statutory formula	263,800.00	
	3. Subtract line 2 from line 1	59,127.35	
	4. Multiply line 3 by .01	····· \$	591.27
	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	· · · · · · <u> </u>	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, a	ind 6	\$ 1,910.27
	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)	\$	1,910.27
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$ 1,930.27
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 fo		

Accounting Period:	2017/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC			SYSTEM ID# 060598
M Channels	 CHANNELS Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total number of channels on which the casystem carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast and nonbroadcast services	mber of activated channels during the acc able	counting period.	14 175
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER IN we can contact about this statement of account.)	FORMATION IS NEEDED (Identify an ind	ividual to whom	
for Further Information	Name SARAH BOGUE		Telephone (90	3) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or TYLER, TX 75701 (City, town, state, zip)	suite number)		
	Email SARAH.BOGUE@AL	TICEUSA.COM	Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be in the undersigned, hereby certify that (Check one, but in the undersigned, hereby certify that (Check one, but in the owner of the than corporation or partners) (Agent of owner other than corporation or partners) (Agent of owner other than corporation or in line 1 of space B and that the owner is x (Officer or partner) I am an officer (if a corporation in line 1 of space B. I have examined the statement of account and hereby are true, complete, and correct to the best of my knowle [18 U.S.C., Section 1001(1986)] 	only one, of the boxes.) hip) I am the owner of the cable system as partnership) I am the duly authorized ager not a corporation or partnership; or boration) or a partner (if a partnership) of the declare under penalty of law that all statement dge, information, and belief, and are made in	identified in line 1 of space B; or nt of the owner of the cable system legal entity identified as owner of ents of fact contained herein	
		/s/ Michael Schreiber an electronic signature on the line above to c signature using an "/s/ signature" (e.g., /s/ Jo	-	
	Typed or printed name Title: EVF	MICHAEL SCHREIBER		
		sition held in corporation or partnership)	02/18/2018	

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unting Period: 2017/2		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
QUEL COMMUNICATIONS LLC		0605
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrigh lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the syst scribers and amounts collected from subscribers receiving secondary transmissions put For more information on when to exclude these amounts, see the note on page (vii) of the gene located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for smade by satellite carriers to satellite dish owners?	e system for the basic tem shall not include sub- rsuant to section 119." eral instructions	P Special Statemen Concerning Gross Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late particular for an explanation of interest assessment, see page (viii) of the general instructions located in		Q
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in	the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here	the paper SA1-2 form. x - x - x - x - - days - -	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here	the paper SA1-2 form. x - x - x - x - - days - -	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here	the paper SA1-2 form. x - x - x - x - - days - -	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here	the paper SA1-2 form. x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x x x x x x x x x x x x x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x - x - x - x 0.00274 - - (interest charge) further assistance please . copyright Office, please	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x - x - x - x 0.00274 - - (interest charge) further assistance please . copyright Office, please	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x - x - x - x 0.00274 - - (interest charge) further assistance please . copyright Office, please	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x - x - x - x 0.00274 - - (interest charge) further assistance please . copyright Office, please	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x - x - x - x 0.00274 - - (interest charge) further assistance please . copyright Office, please	Q Interest Assessme
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