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	03/26/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
İ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20182 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	
		CCI Systems, Inc. (FKA Cable Constructors Inc)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Packerland Broadband	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. BOX 190 (Number, street, rural route, apartment, or suite number)	
		Iron Mountain, MI 49801 (City, town, state, zip)	
	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С		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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name		
	CCI Systems, Inc. (FKA Cable Constructors Inc)	23705
	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 list	st 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 h	ome parks should be reported in parentheses below the
Served	identified city.	
oorrou		
	CITY OR TOWN	STATE
First	Crivitz	WI
Community		
Community	Wausaukee	WI
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name			tructo	ro Ino)				515	2370
	CCI Systems, Inc. (FKA	Cable Cons	structo	rs inc)					2010
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	for advar	nce 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 of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, the with the number of subscribers a								
	sufficient.		s ngin ne			e nei a accompa			
	BLC	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	Service to first set		99	35.95	Preferr	ed Choice		72	60.0
	 Service to additional set(s) 				Premei	r Plus		21	80.0
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS		S		•		•
-	In General: Space F calls for rat					l your cable sys	tem's servic	ces that were	
F	not covered in space E, that is, the								
0	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually i					gram basis,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip	-			snea. List	these other serv	lices in the	form of a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
				tion: Non-res					
	Continuing Services:		• Mot	el, hotel			Showtin	ne & TMC	14.9
	Continuing Services: Pay cable	18.95	INIOU				Stars &	Encore Tier	
	-	18.95 11.95		nmercial					12.9
	• Pay cable		• Con	nmercial cable			HBO &	Cinemax Tier	12.9 27.9
	Pay cable Pay cable—add'l channel		• Con • Pay		annel		HBO & (¢
	Pay cable Pay cable—add'l channel Fire protection		• Con • Pay • Pay	cable	annel		HBO & O		¢
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		• Con • Pay • Pay • Fire	cable cable-add'i ch	annel		HBO & (¢
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Con • Pay • Pay • Fire • Burç	cable cable-add'l ch protection	annel		HBO & (¢
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Con • Pay • Pay • Fire • Burg Other s	cable cable-add'l ch protection glar protection	annel		HBO & (¢
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Con • Pay • Pay • Fire • Burg Other s • Rec	cable cable-add'l ch protection glar protection ervices:	annel		HBO & (¢
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	cable cable-add'l ch protection glar protection ervices: onnect	annel		HBO & (¢

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTE
Name	CCI Systems, Inc. (Fl	KA Cable Constructors Inc)		23
	PRIMARY TRANSMITTERS:	•		
G Primary nsmitters: elevision	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 ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "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 carrie 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	t (1) stations carried only on a part-tin the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBAY	8	N	Green Bay, WI
	WBAY HD	642	N	
				Green Bay, WI
ws as Necessary	WFRV	5	Ν	Green Bay, WI Green Bay, WI
ws as Necessary	WFRV WFRV HD	5 640	N N	
ws as Necessary				Green Bay, WI
ws as Necessary	WFRV HD	640	N	Green Bay, WI Green Bay, WI
vs as Necessary	WFRV HD WCWF	640 10	N N	Green Bay, WI Green Bay, WI Green Bay, WI
ws as Necessary	WFRV HD WCWF WCWF HD	640 10 644	N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
ws as Necessary	WFRV HD WCWF WCWF HD WEUX	640 10 644 11	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
ws as Necessary	WFRV HD WCWF WCWF HD WEUX	640 10 644 11	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
ws as Necessary	WFRV HD WCWF WCWF HD WEUX	640 10 644 11	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
ws as Necessary	WFRV HD WCWF WCWF HD WEUX	640 10 644 11	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
ws as Necessary	WFRV HD WCWF WCWF HD WEUX	640 10 644 11	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
ws as Necessary	WFRV HD WCWF WCWF HD WEUX	640 10 644 11	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
ws as Necessary	WFRV HD WCWF WCWF HD WEUX	640 10 644 11	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
ws as Necessary	WFRV HD WCWF WCWF HD WEUX	640 10 644 11	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
ws as Necessary	WFRV HD WCWF WCWF HD WEUX	640 10 644 11	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
ws as Necessary	WFRV HD WCWF WCWF HD WEUX	640 10 644 11	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
ws as Necessary	WFRV HD WCWF WCWF HD WEUX	640 10 644 11	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
ws as Necessary	WFRV HD WCWF WCWF HD WEUX	640 10 644 11	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
ws as Necessary	WFRV HD WCWF WCWF HD WEUX	640 10 644 11	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
ws as Necessary	WFRV HD WCWF WCWF HD WEUX	640 10 644 11	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI

Accounting F							FORM	/I SA1-2E. PAGE 4.
								SYSTEM ID#
CCI Systems	S, INC. (FKA	Cable	Constructors Inc)					23705
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	t every radio s vhose signals ctions Conce it is carried by monitoring, to prmation about rm. dentify the call state whether f the radio stat this by placing Sive the station	station ca were ge rning Al y the sys be recei- the static ion's sig g a check n's locati	arried on a separate and discr nerally receivable by your cat I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright Office regulations on 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	ble system during Copyright Office in the system's he system's FM anter this point, see particle the point, see particle sed by the cable so he station is licen	the accountin regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ng period n FM sig 2) it can ertain st eneral i eparate	d. nal is generally be expected, ated intervals. nstructions in the. and discrete	H Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CCI Systems, Inc. (FK)	A Cable C	onstructors	Inc)				23705
	SUBSTITUTE CARRIAGI				6			
I								
I I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0	•		
Special	During the accounting per				s. any nonnel	twork televisio	n program	1
Statement and	broadcast by a distant sta	•		····;, ··· · · ······	, ,		YES	NO
Program Log	-							-
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete th	ne progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE			to line. I lee abbroviatione	whorever pee	aibla if thair m	ooning in	
	In General: List each subst clear. If you need more spa				wherever pos		leaning is	
				sion program ("substitute	program") tha	t, during the a	ccounting	
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							l.
	"NBA Basketball: 76ers vs.		vies of baske	ibali. Lisi specific program		ample, i Love	LUCY OI	
			lcast live, enter	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			00	
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			h the mon	th
	first. Example: for May 7 giv	re "5/7."	5 5		Ū	-		
				gram was carried by your				у
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
		er "R" if the	listed program	was substituted for progra	imming that y	our system wa	as required	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the lis	sted progra	
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	s in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCUF	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM	-	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
					·			
						_		
						_		
						_		
						_		
1								

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	¥STEM ID# 23705
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 servic s amount, see	e 9,863.18
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	\$	0.04
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.04
	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)	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)	52.04	
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	\$	67.04
	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!

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: , Inc. (FKA Cable Construct	tors Inc)			SYSTEM ID# 23705
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the 	ers, and (2) the cable system's to al number of channels on which d television broadcast stations al number of activated channels cable system carried television	total numb th the cable to broadcast		ist stations	4
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accour		RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	Christopher Flanick			Telephone	906-771-2208
	Address	105 Kent St. (Number, street, rural route, apartr	tment, or suit	re number)		
		Iron Mountain, MI 498 (City, town, state, zip)	9801			
	Email	christopher.flan	nick@pacl	kerlandbroadband.com Fax (optional)	906-828-328	39
O Certification		N (This statement of account mund		ified and signed in accordance with Copyright Office re	egulations)	
			-) I am the owner of the cable system as identified in line	1 of space B	; or
	i X (Off	n line 1 of space B and that the o	owner is not	rtnership) I am the duly authorized agent of the owner of t a corporation or partnership; or tion) or a partner (if a partnership) of the legal entity ident		
	 I have examine are true, complete 	ed the statement of account and h		clare under penalty of law that all statements of fact conta e, information, and belief, and are made in good faith.	ined herein	
				/s/ Jacob Mulaikal electronic signature on the line above to certify this statem nature using an "/s/ signature" (e.g., /s/ John Smith)	ent.	
		Typed or printed	d name:	Jacob Mulaikal		
		Title: (Title of o	CFO official positio	n held in corporation or partnership)		
		Date:		3/25/2019		
L						

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unting Period: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Systems, Inc. (FKA Cable Constructors Inc)	237
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 fol- lowing 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 sub- scribers 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	P Special Statement Concerning Gross Receipts Exclusion
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?	
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 payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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 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	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	52
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	52
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	52
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	52 00
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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	52 00
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	52 00

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