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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@copyright.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located 9-3-19 Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	26795
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CableSouth Media III, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1056 Jones Blvd	
		(Number, street, rural route, apartment, or suite number)	
		Milan, TN 38358 (City, town, state, zip)	
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system ι	Inless these
С		s 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:	
		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 sufficiency of the fing, a determination that would be made by a court of law.

Return completed workbo

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CableSouth Media III, LLC	26795
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
First	CITY OR TOWN Marksville	STATE LA
Community	Avoylles Parrish	LA
	Hessmer	LA
Add Rows as Necessary	Mansura	LA
	Bunkie	LA
	Evergreen	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					FORM SA1	
Name	CableSouth Media III, LL							2679
Е	SECONDARY TRANSMISSION			-				
L	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both	•						
scribers and Rates	down by categories of secondary each category by counting the nu							
Rales	separately for the particular servi						charged	
	Rate: Give the standard rate c						ge and the	
	unit in which it is generally billed.	• •	,		ard rate variations	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				condary transmis	sion servir	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				d in the count un	der "Servie	ce to the	
	Block 2: If your cable system I				service that are	different f	rom those	
	printed in block 1 (for example, ti							
	with the number of subscribers a	ind rates, in the	e right-hand block	. A two- or thre	ee-word descripti	on of the s	service is	
	sufficient.	DCK 1				BLOC	< 2	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	E CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential: Service to first set		1,280 28	0.5				
	Service to additional set(s)		1,200 20	9.95				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	-		-				
F	In General: Space F calls for rat	•	,		, ,			
•	not covered in space E, that is, the service for a single fee. There are							
Services	furnished at cost or (2) services of			•		• • • •		
Other Than	amount of the charge and the un		usually billed. If a	any rates are cl	harged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable system t	for each of the	annlicable servic	es listed		
Rates	Block 2: List any services that						were not	
	listed in block 1 and for which a s				these other serv	rices in the	e form of a	
	brief (two- or three-word) descrip	tion and inclue	de the rate for eac	ch.				
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installation: No	n-residential				
	• Pay cable		• Motel, hotel					
	Pay cable—add'l channel Fire protection		Commercial					
	Fire protection Purglar protection		Pay cable Pay cable ac	d'i channal				
	•Burglar protection Installation: Residential		Pay cable-ac Eiro protoction					
	LIUSIAIIADOD' RESIDENTIAI		Fire protection Burglar prote					
		20.00		501011				
	First set	39.99						
	First setAdditional set(s)	39.99	Other services:		40.00			
	 First set Additional set(s) FM radio (if separate rate) 		Other services: • Reconnect		49.99			
	First setAdditional set(s)	<u>39.99</u> 5.00	Other services: • Reconnect • Disconnect		49.99			
	 First set Additional set(s) FM radio (if separate rate) 		Other services: • Reconnect	tion	49.99 39.99			

				EVETEM ID#
ame	LEGAL NAME OF OWNER OF CableSouth Media III,			SYSTEM ID# 26795
	PRIMARY TRANSMITTERS:			
G mary mitters: evision	carried by your cable syster FCC rules and regulations i 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 a basis. For further informatio Column 1: List each statior 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 carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	et (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati- arried by your cable system on a subs- the Special Statement and Program Lu- ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a fu- (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KALB	2	N	
		_		Alexandria, IL
	KLAX	3	N	Alexandria, IL Alexandria, IL
Necessary				
Vecessary	KLAX	3	N	Alexandria, IL
ecessary	KLAX KPLC	3 4	N	Alexandria, IL Lake Charles, LA
lecessary	KLAX	3	N	Alexandria, IL
	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
Vecessary	KLAX	3	N	Alexandria, IL
	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
Vecessary	KLAX KPLC WNTZ KALB2 NALB	3 4 5 9 6	N N I N	Alexandria, IL Lake Charles, LA Natchez, MS Alexandria, IL Alexandria, IL
Necessary	KLAX	3	N	Alexandria, IL
	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	WGN	8	I	Chicago, IL
Necessary	KLAX	3	N	Alexandria, IL
	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	WGN	8	I	Chicago, IL
	KPLA	7	N	Alexandria, IL
: Necessary	KLAX	3	N	Alexandria, IL
	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	WGN	8	I	Chicago, IL
	KPLA	7	N	Alexandria, IL
; Necessary	KLAX	3	N	Alexandria, IL
	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	WGN	8	I	Chicago, IL
	KPLA	7	N	Alexandria, IL
5 Necessary	KLAX	3	N	Alexandria, IL
	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	WGN	8	I	Chicago, IL
	KPLA	7	N	Alexandria, IL
is Necessary	KLAX	3	N	Alexandria, IL
	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
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s Necessary	KLAX	3	N	Alexandria, IL
	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
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	KPLA	7	N	Alexandria, IL
s Necessary	KLAX	3	N	Alexandria, IL
	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
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as Necessary	KLAX	3	N	Alexandria, IL
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	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
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	WGN	8	I	Chicago, IL
	KPLA	7	N	Alexandria, IL
as Necessary	KLAX	3	N	Alexandria, IL
	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	WGN	8	I	Chicago, IL
	KPLA	7	N	Alexandria, IL
as Necessary	KLAX	3	N	Alexandria, IL
	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	WGN	8	I	Chicago, IL
	KPLA	7	N	Alexandria, IL
as Necessary	KLAX	3	N	Alexandria, IL
	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	WGN	8	I	Chicago, IL
	KPLA	7	N	Alexandria, IL
as Necessary	KLAX	3	N	Alexandria, IL
	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	WGN	8	I	Chicago, IL
	KPLA	7	N	Alexandria, IL

U.S. Copyright Office

CableSouth	• OWNER OF C Media III, L		I SI EMI.					SYSTEM 267
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under stem whenever it is received a ived 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	at the system's his system's FM ant this point, see pa sed by the cable he station is licer	eadend, and (2 tenna, during c age (v) of the g system as a so nsed by the FC	2) it can certain si general i eparate	be expected, tated intervals. nstructions in the. and discrete	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						F	ORM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF		TEM:				SYSTEM ID#
Name	CableSouth Media III,	LLC					26795
	SUBSTITUTE CARRIAG				3		
I	In General: In space I, identi substitute basis during the a	ify every not	nnetwork televis eriod, under spe	<i>tion program,</i> broadcast by cific present and former FC	a <i>distant</i> stati C rules, regula	ations, or authorizatio	ns. For a further
Substitute	explanation of the programm				e general instri	uctions in the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	 During the accounting per 		r cable system	carry, on a substitute basi	s, any nonnet	work television prog	ram
Program Log	broadcast by a distant sta	tion?				YES	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the prog	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever pos	sible, if their meanin	g is
	clear. If you need more spa Column 1: Give the title			sion program ("substitute p	program") tha	t during the account	tina
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further informa	tion.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Love Lucy"	or
			dcast live, enter	" "Yes." Otherwise enter "N	0."		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.		
	Column 4: Give the broat the case of Mexican or Can			e community to which the			in
	Column 5: Give the mor	ith and day	when your sys	tem carried the substitute p	program. Use	numerals, with the r	nonth
	first. Example: for May 7 giv	/e "5/7."			-		
				gram was carried by your o			ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	i program came	ed by a system nom 6.01.1	5 p.m. to 6.2	o.so p.m. snould be	
	Column 7: Enter the letter			was substituted for progra			
	to delete under FCC rules a						ogram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	r FCC rules a	nd regulations in	
	s	UBSTITUT	E PROGRAM			N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	CableSouth Media III, LLC		26795
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service	.31
	COPYRIGHT ROYALTY FEE		
L 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 \$2 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. 	63,800	
	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 t accounting period is \$52.00	his six-mon	
	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 \$137,1	00)	
	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		
	2. Dase annount under statutory formula 200,000.00		
	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		
	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)	SE	
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	\$	15.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYSTEM ID 2679
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	9 169
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Cristy Workman Telephone 7	731-723-9913
	Address 1056 Jones Blvd (Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip)	
	Email Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Thomas Pate 	tem as identified
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Thomas Pate Title: CFO (Title of official position held in corporation or partnership) Date: 8/29/2019	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephoin numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and 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 t 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 lave

unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
leSouth Media III, LLC	2679
 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
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
	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 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	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q 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	
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	
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