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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:					
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>				
-	ems (Short Form)		\$	For additional information, contact the U.S. Copyright				
	ictions are located	2/26/2019		Office Licensing Division at: Tel: (202) 707-8150				
In the first tab	of this workbook		ALLOCATION NUMBER	_				
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
	2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
	2010/2]						
		Barcode Data Filing Period (optiona	I - see instructions)					
Accounting Period		1						
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co	-	idiary of another corporation, give the full co	rporate title				
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	g. If not, enter the system's ID number	assigned by the Licensing Division.	466				
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM						
	WINDSTREAM MISSOURI INC							
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)					
	MAILING ADDRESS OF OWNER OF 2000 COMMUNICATIONS E							
	(Number, street, rural route, apartment, or suite n BALDWIN GA 30511-1762	umber)						
	(City, town, state, zip)	esse er trade names used to ide	ntify the business and exercises of the					
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line							
System	1							
	MAILING ADDRESS OF CABLE SYSTEM	:						
	2 (Number, street, rural route, apartment, or suite n	iumber)						
	(City, town, state, zip code)							
L								

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						
	WINDSTREAM MISSOURI INC	46						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 know as the "first community." Please use it as the first community on all future filings.							
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nome parks should be reported in parentheses below the						
Area Served	identified city.							
	CITY OR TOWN	STATE						
First	BOLIVAR	MO						
Community	POLK COUNTY	MO						
dd Rows as Necessary								

		ARI E OVOTEMA						FORM SA1	-	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM MISSOURI INC							313	SYSTEM ID 46	
	WINDSTREAM WISSOU				<u> </u>					
Е	SECONDARY TRANSMISSION									
-	In General: The information in s system, that is, the retransmission	-		-		•				
Secondary	about other services (including									
Transmission	last day of the accounting period	d (June 30 or D	ecembe	er 31, as the case n	nay be	e).		0		
Service: Sub-	Number of Subscribers: Bot	•					2			
scribers and Rates	down by categories of secondar each category by counting the n	,		0 / 1		•				
Rates	separately for the particular serv			0,1		•		scharged		
	Rate: Give the standard rate of	-	-	•				-		
	unit in which it is generally billed				standa	rd rate variatior	is within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block				of sec	ondary transmis	ssion serv	ce that cable		
	systems most commonly provide	•		Ũ		•				
	that applies to your system. Not	e: Where an in	dividua	l or organization is	receivi	ing service that	falls unde	r different		
	categories, that person or entity						•			
	subscriber who pays extra for ca first set" and would be counted of					I in the count ui	nder "Serv	ice to the		
	Block 2: If your cable system					service that are	e different	from those		
	printed in block 1 (for example, t	tiers of services	s that in	clude one or more s	second	dary transmissi	ons), list th	nem, together		
	with the number of subscribers a	and rates, in the	e right-h	and block. A two- o	or three	e-word descript	ion of the	service is		
	sufficient. BLOCK 1						BLOC	< 2		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CATE	GORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	• Service to first set		630	61.75						
	Service to additional set(s)		030	01.75						
	• FM radio (if separate rate)									
	Motel, hotel		2	61.75						
	Commercial		- 1	61.75						
	Converter		-	01110						
	Residential									
	Non-residential									
									1	
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra	•	,			• •				
•	not covered in space E, that is, t service for a single fee. There a					,	,			
Services	furnished at cost or (2) services	•		•			• •	,		
Other Than	amount of the charge and the un		usually	billed. If any rates	are ch	arged on a vari	able per-p	rogram basis,		
Secondary ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed									
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of							e form of a		
	brief (two- or three-word) description and include the rate for each.									
		BLOO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SERVICE	Е	RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services:			ation: Non-residen	ntial					
	• Pay cable	18.00		tel, hotel						
	Pay cable—add'l channel			mmercial						
	Fire protection		-	/ cable						
	•Burglar protection		-	/ cable-add'l chann	el					
	Installation: Residential	F0.00		e protection						
	First set	50.00		glar protection						
	Additional set(s) EM radia (if apparate rate)	35.00		services:		25.00				
	• FM radio (if separate rate)			connect		35.00				
	Convertor		• Di-	connect						
	Converter			connect		25.00				
	• Converter		• Ou	connect tlet relocation ve to new address		35.00 50.00				

Name	LEGAL NAME OF OWNER O			SYSTEM ID# 466			
G rimary smitters: evision	 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (refering to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast). "E" (for indecendent, "I" (for indecendent), "I-M" (for independent multicast). "E" (for moncommercial educational), or "E-M" (for noncommerc						
	FCC. For Mexican or Cana	4. LOCATION OF STATION					
	κγτν	3	N	SPRINGFIELD MO			
	KYTV WEATHER	3.2	I-M	SPRINGFIELD MO			
as Necessary	KYTV WEATHER KOLR	<u>3.2</u> 10	I-M N				
s Necessary				SPRINGFIELD MO			
S Necessary	KOLR	10	N	SPRINGFIELD MO SPRINGFIELD MO			
Necessary	KOLR KOZK	10 21	N	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO			
Necessary	KOLR KOZK KOZL	10 21 27	N	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO			
Necessary	KOLR KOZK KOZL KWBM	10 21 27 31	N	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR			
s Necessary	KOLR KOZK KOZL KWBM KSPR	10 21 27 31 33	N E 1 1 1	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO			
as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E 1 1 1	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO			
as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E 1 1 1	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO			
s as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E 1 1 1	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO			
5 as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E 1 1 1	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO			
s as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E 1 1 1	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO			
rs as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E 1 1 1	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO			
vs as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E 1 1 1	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO			
<i>v</i> s as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E 1 1 1	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO			
is as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E 1 1 1	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO			
<i>v</i> s as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E 1 1 1	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO			
vs as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E 1 1 1	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO			
vs as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E 1 1 1	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO			
vs as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E 1 1 1	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO			

EGAL NAME OF							1	SYSTEM I
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recein to the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem 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 e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate :	be expected, ated 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	
ON LEE OTOTA		0/0		ON LEE ON ON	7 101 01 1 101	0,0		
							·	
							·	
				 		·		

Accounting Perio	od: 2018/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	WINDSTREAM MISSO	URI INC						466
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
I I	In General: In space I, ident				-	tion that you	r cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	-			isis anv noni	network telev	rision proa	ram
Statement and		-						
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.						,	
				er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which th			e FCC or,	IN
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		when you by		program. o		with the f	nonun
	. , , ,		e substitute pr	ogram was carried by you	r cable syste	m. List the tir	nes accur	ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m.	should be	-
	stated as "6:00-6:30 p.m."	"D" :(()	P. 6. 1.					·
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regulat		
	s	UBSTITUT	E PROGRAM	1		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	то	
							<u>.</u>	
						_		
						_		
								·
						_		
								·
						_		
						_		
			[
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1								

Accounting Period:	2018/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM MISSOURI INC		Ş	SYSTEM ID# 466
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transm o compute this a	ission service amount, see \$ 23	
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 that • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600 I.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00	ou must pay for	this six-mon	
	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 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula \$	263,800.00		
	2. Enter amount of gross receipts from space K	237,225.25		
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K		237,225.25	
	5. Enter the amount from line 3		26,574.75	
	6. Subtract line 5 from line 4		210,650.50	
	7. Multiply line 6 by .005 (enter figure here)		•	1,053.25
	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		\$	1,053.25
	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)	\$	1,053.25	
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		\$	1,073.25
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form for	-		ghts!

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: MISSOURI INC				SYSTEM ID# 466
M Channels	to its subscribers, 1. Enter the total is system carried to 2. Enter the total is on which the cat	u must give (1) the number o , and (2) the cable system's t number of channels on which elevision broadcast stations number of activated channels ble system carried television ast services	otal number of activate h the cable s broadcast stations	d channels during the a	ccounting period.	9 47
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name	PAM HENDRIX			Telephone 70	06.776.4618
	Address	2000 COMMUNICATI (Number, street, rural route, apartr BALDWIN GA 30511 (City, town, state, zip)	ment, or suite number)			
	Email	SANDRA.BLAD	DE@WINDSTREAM.	СОМ	Fax (optional)	
O Certification	I, the undersigned (Owner (Agent in lin X (Office in lin I have examined	d, hereby certify that (Check c r other than corporation or p of owner other than corpora ne 1 of space B and that the c er or partner) I am an officer (ne 1 of space B. the statement of account and a, and correct to the best of my	bone, <i>but only one</i> , of the partnership) I am the ov ation or partnership) I owner is not a corporatio (if a corporation) or a pa hereby declare under p	boxes.) vner of the cable system am the duly authorized a on or partnership; or rtner (if a partnership) of enalty of law that all stat	Copyright Office regulations) as identified in line 1 of space B; agent of the owner of the cable sys the legal entity identified as owner ements of fact contained herein ide in good faith.	stem as identified
				/S/ TIMOTHY F ature on the line above to n "/s/ signature" (e.g., /s/	o certify this statement.	
		Typed or printed Title: (Title of of		Y P LOKEN GULATORY REPO ation or partnership)	PRTING	
		Date:			FEBRUARY 25, 2019	

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ounting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
NDSTREAM MISSOURI INC	46
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.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
A	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
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	
	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ -	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
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Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	

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