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 COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	08/27/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYY	Y/(Period))	

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20191 Barcode Data Filing Period (optional - see instructions)	
Period			
B Owner		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.	
Gwiler		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.	63466
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		PLATEAU TELECOMMUNICATIONS INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		7111 N PRINCE ST (Number, street, rural route, apartment, or suite number)	
		CLOVIS NM 88101-9730	
		(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:	
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	PLATEAU TELECOMMUNICATIONS INC	634
	Instructions: List each separate community served by the cable system. A "commun	
Р	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	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 l	home parks should be reported in parentheses below the
Served	identified city.	
oonrou		
	CITY OR TOWN	STATE
First	CLOVIS	NM
Community	FARWELL	ТХ
	LOGAN	NM
d Rows as Necessary	CLAYTON	NM
	FT SUMNER	NM
	BELEN	NM
	EDGEWOOD	NM
	LAS VEGAS	NM
	MOUNTAINAIR	NM
	SANTA FE	NM
	TUCUMCARI	NM
	BROADVIEW	NM
	ROY	NM
	SAN JON	NM
	ESTANCIA	NM
	MORIARTY	NM
	ROSWELL	NM
	SANTA ROSA	
	GRADY	
	CORONA	NM
	MOSQUERO	NM
	LOS LUNAS	NM
	AMISTAD	NM
	MCALISTER	NM
	RIBERA	NM

									M SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							SYSTEM II
	PLATEAU TELECOMMU	NICATIONS	INC						6340
F	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRIB	ERS AND RA	TES				
E	In General: The information in s								
Secondamy	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						e li iose exis	sung on the	
Service: Sub-	Number of Subscribers: Both						able syster	m, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular serve							is charged	
	Rate: Give the standard rate c							rge and the	
	unit in which it is generally billed.	. (Example: "\$20)/mth"). §	Summarize ar					
	category, but do not include disc								
	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					in the count u	under "Serv	vice to the	
	first set" and would be counted o					convice that a	ro difforant	from those	
	Block 2: If your cable system I printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		Ū						
	BLC	DCK 1					BLC	DCK 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF S	FRVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCONIBE	110	TUTE	0,111		LITTICE	CODOCINIDEINO	TUTE
	Service to first set	2	.072	27.00	RESIDE	ENTIAL TV	LITE	259	27.
	 Service to additional set(s) 		<i></i>		RES PF	REFERRED		897	77.
	• FM radio (if separate rate)				RES PF	REMIER		773	83.
	Motel, hotel				RES TO	TAL CHOI	CE	143	137.
	Commercial		122	34.95	COMM	ERCIAL PR	EMIER	47	34.9
	Converter				COMM	PREMIER	SPORTS	28	59.9
	Residential				COMM	PREM ENT	ERTAIN	M 26	69.9
	Non-residential				COMM	TOTAL CH	OICE	21	79.
	SERVICES OTHER THAN SEC In General: Space F calls for rat	-					votom'o oo	niego that word	<u> </u>
F	not covered in space E, that is, the				speer to an				
	HOLLOVELED IN SPACE E, UIDLIS, L			ot offered in c	ombinatio				
	service for a single fee. There ar	•		o not need to	give rate i	n with any see	condary tra ncerning (*	nsmission 1) services	
Services	service for a single fee. There ar furnished at cost or (2) services	or facilities furnis	shed to r	o not need to nonsubscriber	give rate i rs. Rate in	n with any see nformation co formation sho	condary tra ncerning (uld include	nsmission 1) services both the	
Other Than	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un	or facilities furnis	shed to r	o not need to nonsubscriber	give rate i rs. Rate in	n with any see nformation co formation sho	condary tra ncerning (uld include	nsmission 1) services both the	
Other Than Secondary	service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the	or facilities furnis iit in which it is u rate column.	shed to r isually bi	o not need to nonsubscriber lled. If any ra	give rate i rs. Rate in tes are ch	n with any se nformation co formation sho arged on a va	condary tra ncerning (uld include riable per-	ansmission 1) services 9 both the program basis,	
Other Than	service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	or facilities furnis it in which it is u rate column. e charged by the your cable syst	shed to r isually bi e cable s em furnis	o not need to nonsubscriber lled. If any rai system for eac shed or offere	give rate i rs. Rate in tes are ch ch of the a ed during t	n with any sed nformation co formation sho arged on a va applicable service he accounting	condary tra ncerning (uld include riable per- vices listed period tha	ansmission 1) services e both the program basis, at were not	
Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s	or facilities furnis it in which it is u rate column. e charged by the your cable syst separate charge	shed to r isually bi e cable s em furnis was ma	o not need to nonsubscriber lled. If any rai system for ear shed or offere de or establis	give rate i rs. Rate in tes are ch ch of the a ed during t	n with any sed nformation co formation sho arged on a va applicable service he accounting	condary tra ncerning (uld include riable per- vices listed period tha	ansmission 1) services e both the program basis, at were not	
Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	or facilities furnis it in which it is u rate column. e charged by the your cable syst separate charge	shed to r isually bi e cable s em furnis was ma	o not need to nonsubscriber lled. If any rai system for ear shed or offere de or establis	give rate i rs. Rate in tes are ch ch of the a ed during t	n with any sed nformation co formation sho arged on a va applicable service he accounting	condary tra ncerning (uld include riable per- vices listed period tha	ansmission 1) services e both the program basis, at were not	
Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	or facilities furnis it in which it is u rate column. e charged by the your cable syst separate charge tion and include BLOC	shed to r isually bi e cable s em furnis e was ma e the rate K 1	o not need to nonsubscriber lled. If any rai system for each shed or offere de or establis for each.	give rate i rs. Rate in tes are ch ch of the a ed during t shed. List	n with any sei nformation co formation sho arged on a va pplicable serv he accounting these other se	condary tra ncerning (uld include riable per- vices listed period tha ervices in th	ansmission 1) services both the program basis, at were not he form of a BLOCK 2	
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Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	or facilities furnis it in which it is u rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	shed to r isually bi e cable s em furnis was ma the rate K 1 CATEGC nstallati • Motel • Comr	o not need to nonsubscriber lled. If any rai system for each shed or offere de or establis for each. DRY OF SERV on: Non-resi I, hotel mercial	give rate i rs. Rate in tes are ch ch of the a ed during t shed. List f	n with any sei nformation co formation sho arged on a va pplicable serv he accounting these other se	condary tra ncerning (uld include riable per- vices listed period tha ervices in the CATE CINEI HBO	ansmission 1) services 2 both the program basis, at were not he form of a BLOCK 2 GORY OF SERVICE MAX	15.0 20.0
Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	or facilities furnis it in which it is u rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	shed to r isually bi e cable s em furnis was ma the rate K 1 <u>CATEGC</u> nstallati • Motel • Comr • Pay c	o not need to nonsubscriber lled. If any rai system for each shed or offere de or establis for each. <u>ORY OF SERN</u> on: Non-resi l, hotel mercial sable	give rate i rs. Rate in tes are ch ch of the a ed during t shed. List f <u>VICE</u> idential	n with any sei nformation co formation sho arged on a va pplicable serv he accounting these other se	condary tra ncerning (uld include riable per- vices listed period tha ervices in the CATE HBO SHOV	Ansmission 1) services 2 both the program basis,	15.0 20.0 18.0
Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	or facilities furnis it in which it is u rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	shed to r isually bi e cable s em furnis was ma the rate K 1 <u>CATEGC</u> nstallati • Comr • Pay c • Pay c	o not need to nonsubscriber lled. If any rai system for each shed or offere de or establise for each. <u>ORY OF SER\</u> on: Non-resi l, hotel mercial cable cable-add'l ch	give rate i rs. Rate in tes are ch ch of the a ed during t shed. List f <u>VICE</u> idential	n with any sei nformation co formation sho arged on a va pplicable serv he accounting these other se	condary tra ncerning (uld include riable per vices listed period tha ervices in the CATE HBO SHOV	Ansmission 1) services 2 both the program basis, at were not the form of a BLOCK 2 GORY OF SERVICE MAX VTIME Z/ENCORE	15.0 20.0 18.0 15.0
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Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un- enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a significant brief (two- or three-word) descrip <u>CATEGORY OF SERVICE</u> <u>Continuing Services:</u> • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	or facilities furnisities furnisities furnisities furnisities furnisities furnisities furnisities furnisities furnisities for the second secon	shed to r isually bi e cable s em furnis was ma e the rate K 1 CATEGC nstallati • Motel • Comr • Pay c • Pay c • Fire p	o not need to nonsubscriber lled. If any rai system for each shed or offere de or establis for each. <u>ORY OF SER</u> on: Non-resi l, hotel mercial cable cable-add'l ch protection ar protection	give rate i rs. Rate in tes are ch ch of the a ed during t shed. List f <u>VICE</u> idential	n with any sei nformation co formation sho arged on a va pplicable serv he accounting these other se	condary tra ncerning (` uld include riable per vices listed period tha ervices in the CATE HBO SHOV STAR PREN	Ansmission 1) services 2 both the program basis, at were not the form of a BLOCK 2 GORY OF SERVICE MAX VTIME Z/ENCORE	15.0 20.0
Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un- enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a significant brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	or facilities furnisities furnisities furnisities furnisities furnisities furnisities furnisities furnisities furnisities for the second secon	shed to r isually bi e cable s em furnis was ma the rate K 1 CATEGC nstallati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se	o not need to nonsubscriber lled. If any rai system for each shed or offered de or establis for each. DRY OF SERV on: Non-resi l, hotel mercial cable cable-add'I cho protection ar protection rvices:	give rate i rs. Rate in tes are ch ch of the a ed during t shed. List f <u>VICE</u> idential	n with any sei nformation co formation sho arged on a va pplicable serv he accounting these other se	condary tra ncerning (` uld include riable per vices listed period tha ervices in the CATE HBO SHOV STAR PREN	Ansmission 1) services 2 both the program basis, at were not be form of a BLOCK 2 GORY OF SERVICE MAX VTIME Z/ENCORE IIER SELECT	15. 20. 18. 15. 57.
Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un- enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a se brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	or facilities furnisities furnisities furnisities furnisities furnisities furnisities furnisities furnisities furnisities for the second secon	shed to r isually bi e cable s em furnis was ma the rate K 1 CATEGC nstallati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se • Reco	o not need to nonsubscriber lled. If any rai system for each shed or offere de or establise for each. <u>ORY OF SERV</u> on: Non-resi l, hotel mercial cable-add'I ch protection ar protection rvices: nnect	give rate i rs. Rate in tes are ch ch of the a ed during t shed. List f <u>VICE</u> idential	n with any sei nformation co formation sho arged on a va pplicable serv he accounting these other se	condary tra ncerning (` uld include riable per vices listed period tha ervices in the CATE HBO SHOV STAR PREN	Ansmission 1) services 2 both the program basis, at were not be form of a BLOCK 2 GORY OF SERVICE MAX VTIME Z/ENCORE IIER SELECT	15.(20.(18.(15.(57.)
Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un- enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a significant brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	or facilities furnisities furnisities furnisities furnisities furnisities furnisities furnisities furnisities furnisities for the second secon	shed to r isually bi e cable s em furnis was ma e the rate K 1 CATEGC nstallati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se • Reco • Disco	o not need to nonsubscriber lled. If any rai system for each shed or offere de or establise for each. <u>ORY OF SERV</u> on: Non-resi l, hotel mercial cable-add'I ch protection ar protection rvices: nnect	give rate i rs. Rate in tes are ch ch of the a ed during t shed. List f <u>VICE</u> idential	n with any sei nformation co formation sho arged on a va pplicable serv he accounting these other se	condary tra ncerning (` uld include riable per vices listed period tha ervices in the CATE HBO SHOV STAR PREN	Ansmission 1) services 2 both the program basis, at were not be form of a BLOCK 2 GORY OF SERVICE MAX VTIME Z/ENCORE IIER SELECT	15. 20. 18. 15. 57.

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
	PLATEAU TELECOM			634					
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary ransmitters: Television	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 station	 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, <i>except</i> (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 (referring 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 <i>only</i> 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. 							
	"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	I with a station according to its over-the he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), "rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KRQE DT2	2		SANTA FE NM					
	KNME DT	3	E	ALBUQUERQUE NM					
ows as Necessary	KAMR DT	4							
	KFDA DT	10		AMARILLO TX					
	KCPN	6	I	AMARILLO TX					
	KVII	7	I	AMARILLO TX					
	KENW	8	E	PORTALES NM					
	KENW DT2	9	E-M	AMARILLO TX					
	KVII DT2	11	l	AMARILLO TX					
	КСІТ	13	I	AMARILLO TX					
	КОВ	14	N	ALBUQUERQUE NM					
	KRQE	15	Ν						
	KASY	16	I						
	KOAT	17	I						
	кин	18	I-M	AMARILLO TX					
	KWBQ	21	I	SANTA FE NM					
	KNME	22	E	PORTALES NM					
	KNME	23	E	PORTALES NM					
	KFDA DT4	24	l						
	KUPT	25	l	ALBUQUERQUE NM					
	KASA DT	26	l	ALBUQUERQUE NM					
	KEYU	27	l	AMARILLO TX					
		20	I	AMARILLO TX					
	KOB DT3	28	•						
	KOB DI3 KASY DTE	29	I	ALBUQUERQUE NM					

Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM
Hume	PLATEAU TELECON	MMUNICATIONS INC		63
	PRIMARY TRANSMITTERS	: TELEVISION		
G	carried by your cable syst FCC rules and regulation	dentify every television station (including t tem during the accounting period, <i>except</i> s in effect on June 24, 1981, permitting th	(1) stations carried only on a part e carriage of certain network prog	t-time basis under grams [sections
Primary ransmitters: Television	substitute program basis, Substitute Basis Statior basis under specific FCC	1(e)(2) and (4), or 76.63 (referring to 76.67 as explained in the next paragraph. ns: With respect to any distant stations ca rules, regulations, or authorizations:	rried by your cable system on a s	ubstitute program
	• Do not list the station he station was carried only of	ere in space G—but do list it in space I (th on a substitute basis.	e Special Statement and Program	n Log)—If the
	basis. For further informa Column 1: List each stati multicast stream associat "WETA-2" as the same of Column 2: Give the chan of license. For example, Column 3: Indicate in eac	anel number the FCC assigned to the telev WRC is channel 4 in Washington, D.C. ch case whether the station is a network s	see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, reprised in the second secon	ctions. SPN, etc. Identify each port multistream er the air in its community
	(for independent multicas For the meaning of these Column 4: Give the locat	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- tion of each station. For U.S. stations, list hadian stations, if any, give the name of th	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	itional multicast). n is licensed by the
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Car	t), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- tion of each station. For U.S. stations, list hadian stations, if any, give the name of th	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio	itional multicast). In is licensed by the In is identified.
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Car 1. CALL SIGN	t), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- tion of each station. For U.S. stations, list hadian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	tional multicast). In is licensed by the on is identified. 4. LOCATION OF STATION
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Car 1. CALL SIGN KAZQ	t), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- tion of each station. For U.S. stations, list hadian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 32	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio	Ational multicast). In is licensed by the bin is identified. 4. LOCATION OF STATION ALBUQUERQUE NM
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Car 1. CALL SIGN	t), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- tion of each station. For U.S. stations, list hadian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio	ALBUQUERQUE NM
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Car 1. CALL SIGN KAZQ	t), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- tion of each station. For U.S. stations, list hadian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 32	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio	Ational multicast). In is licensed by the bin is identified. 4. LOCATION OF STATION ALBUQUERQUE NM
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Car 1. CALL SIGN KAZQ KASY DT4	t), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- tion of each station. For U.S. stations, list hadian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 32 33	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio	ALBUQUERQUE NM
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Car 1. CALL SIGN KAZQ KASY DT4 KJTVCA	t), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- tion of each station. For U.S. stations, list hadian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 32 33 34	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio	ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM
	(for independent multicas For the meaning of these Column 4: Give the locat FCC. For Mexican or Car 1. CALL SIGN KAZQ KASY DT4 KJTVCA KMYL	t), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- tion of each station. For U.S. stations, list hadian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 32 33 34 37	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio	ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM

Accounting P	Period: 2019	/1					FORM	I SA1-2E. PAGE 4
EGAL NAME OF								SYSTEM ID
PLATEAU TI	ELECOMM	UNICA	TIONS INC					6346
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Ic	it is carried by monitoring, to prmation abou rm. dentify the call	y the sys be recei it the Cc	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried.	at the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters: Radio
Column 3: If signal, indicate Column 4: G	the radio stat this by placing live the station	ion's sig g a checl n's locati	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	ne station is licen	sed by the FC			
		0/0				0 /D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	PLATEAU TELECOMM	IUNICATI	ONS INC					63466
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi					ion that you	r cahle svste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	sion program	<u>1</u>
Statement and Program Log	broadcast by a distant star	tion?					YES	NO
Program Log	5		waat of this was	a blank. If your analysis is i	·/ "			
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	e the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if thei	r meaning is	
	clear. If you need more spa						i meaning io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	 See page (v) of the gene thall " List specific program 	titles for ex	ns for furthe	r informatior	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program		impic, i Lo	VC LUCY OF	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			FOO in	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, v	with the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sł	nould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ons in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM			AGE OCC		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. T FROM	IMES — TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	THOM	10	
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Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.
Name		SYSTEM ID#
	PLATEAU TELECOMMUNICATIONS INC	63466
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission 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 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800
	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-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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	
	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 \$ 349,589.55	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	857.90
	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	\$ 2,176.90
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,176.90
	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	\$ 2,196.90
	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 n	

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: ELECOMMUNICATIONS INC		SYSTEM ID# 63466
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	ers, and (2) the cable system's to tal number of channels on which ed television broadcast stations . tal number of activated channels e cable system carried television b		30 330
N Individual to Be Contacted		TO BE CONTACTED IF FURTHE t about this statement of account	R INFORMATION IS NEEDED (Identify an individual to whom .)	
for Further Information	Name	ZANE SLATER	Telephone	575-389-4604
	Address 	7111 N PRINCE ST (Number, street, rural route, apartm CLOVIS NM 88101-97 (City, town, state, zip)		
	Email	ZaneS@plateaut	tel.com Fax (optional)	
O Certification	I, the undersig (Ow (Ag X (Of I have examinare true, comp	aned, hereby certify that (Check one mer other than corporation or par ent of owner other than corporati in line 1 of space B and that the ow ficer or partner) I am an officer (if a in line 1 of space B. the the statement of account and he lete, and correct to the best of my k ction 1001(1986)]	Image: state of the state of the system as identified in line 1 of space B; on or partnership) I am the duly authorized agent of the owner of the cable system is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as owned a corporation) or a partner (if a partnership) of the legal entity identified as owned areby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith. X /s/ David J. Robinson Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	stem as identified
			CEO icial position held in corporation or partnership)	
l		Date:	August 20, 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 telephon 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: 2019/1						FORM SA1-2E. PAC
L NAME OF OWNER OF CABLE SYSTEM:						SYSTEM
TEAU TELECOMMUNICATION	S INC					634
SPECIAL STATEMENT CONCE The Satellite Home Viewer Act of 1988 lowing sentence: "In determining the total numbe service of providing secondary scribers and amounts collected For more information on when to exclu located in the paper SA1-2 form. During the accounting period, did the of made by satellite carriers to satellite did	amended Title 17, section 111 r of subscribers and the gross a transmissions of primary broad from subscribers receiving sec de these amounts, see the note able system exclude any amou	(d)(1)(A), of the amounts paid to cast transmitters ondary transmis e on page (vii) o	Copyright Ac the cable sys s, the system ssions pursua f the general	stem for the basic shall not include su nt to section 119." instructions	ıb-	P Special Statemer Concerning Gros Receipts Exclusio
NO						
YES. Enter the total here and list t	he satellite carrier(s) below		\$			
NameMailing Address		ame ailing Address				
INTEREST ASSESSMENT						
You must complete this worksheet for For an explanation of interest assessm	ent, see page (viii) of the gener	ral instructions lo	ocated in the		nt.	Q
	ent, see page (viii) of the gener	ral instructions lo	ocated in the		nt.	Q
For an explanation of interest assessment Line 1 Enter the amount of late payment	ent, see page (viii) of the gener	ral instructions lo	ocated in the		nt.	Q Interest Assessm
For an explanation of interest assessm	ent, see page (viii) of the gener	ral instructions lo	ocated in the		nt.	Q Interest Assessm
For an explanation of interest assessment Line 1 Enter the amount of late payment	ent, see page (viii) of the gener	ral instructions lo	ocated in the ,	paper SA1-2 form.	nt.	Q Interest Assessm
For an explanation of interest assessment Line 1 Enter the amount of late payment	ent, see page (viii) of the gener ent or underpayment ate* and enter the sum here	ral instructions lo	ocated in the 	paper SA1-2 form.	-	Q Interest Assessm
For an explanation of interest assessment Line 1 Enter the amount of late payment Line 2 Multiply line 1 by the interest rate	ent, see page (viii) of the gener ent or underpayment ate* and enter the sum here	ral instructions lo	ocated in the 	paper SA1-2 form.	-	Q Interest Assessm
For an explanation of interest assessment Line 1 Enter the amount of late payment Line 2 Multiply line 1 by the interest rate	ent, see page (viii) of the gener ent or underpayment ate* and enter the sum here f days late and enter the sum h	ral instructions lo	ocated in the 	paper SA1-2 form.	-	Q Interest Assessm
For an explanation of interest assessment Line 1 Enter the amount of late payment Line 2 Multiply line 1 by the interest range Line 3 Multiply line 2 by the number of	ent, see page (viii) of the gener ent or underpayment ate* and enter the sum here f days late and enter the sum h d enter here	ral instructions lo	ocated in the 	paper SA1-2 form.	-	Q Interest Assessm
For an explanation of interest assessment Line 1 Enter the amount of late payment Line 2 Multiply line 1 by the interest rand Line 3 Multiply line 2 by the number of Line 4 Multiply line 3 by 0.00274** and in space L, (page 6) block 1, line	ent, see page (viii) of the gener ent or underpayment ate* and enter the sum here f days late and enter the sum h d enter here le 2, or block 2 line 8, or block 3	ral instructions lo	ocated in the 	x 0.00274	 days 	Q Interest Assessm
For an explanation of interest assessment Line 1 Enter the amount of late payment Line 2 Multiply line 1 by the interest rand Line 3 Multiply line 2 by the number of Line 4 Multiply line 3 by 0.00274** and	ent, see page (viii) of the gener ent or underpayment	ral instructions lo	ocated in the 	x 0.00274	- days -	Q Interest Assessm
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For an explanation of interest assessment Line 1 Enter the amount of late payment Line 2 Multiply line 1 by the interest rad Line 3 Multiply line 2 by the number of Line 4 Multiply line 3 by 0.00274** and in space L, (page 6) block 1, line * To view the interest rate chart clice contact the Licensing Division at ** This is the decimal equivalent of NOTE: If you are filing this worksheet of list below the owner, address, first com	ent, see page (viii) of the gener ent or underpayment	ral instructions lo lere	ocated in the 	paper SA1-2 form.	days - - se	Q Interest Assessm
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