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@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	08/29/2019	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		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.	704
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Great Plains Cable Television	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P. O. Box 50 (Number, street, rural route, apartment, or suite number)	
		Blair, NE 68008 (City, town, state, zip)	
С	INSTR names	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	unless these space B.
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)	
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#
	Great Plains Cable Television	704
D	Instructions: List each separate community served by the cable system. A "come "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	
First	CITY OR TOWN Sutherland	STATE Nebraska
Community	Hershey	Nebraska
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	
Name	Great Plains Cable Telev								70
		131011							
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								
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular service							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	· · ·	,		ny standa	rd rate variations	s within a p	oarticular rate	
	category, but do not include disc				ion of oon	ondony tronomia	nion oon <i>i</i> o	a that apple	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	ited as a	a subscriber in	each app	licable category.	Example:	a residential	
	subscriber who pays extra for ca					d in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		-		1	-			
	BLC	DCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		373	24.95	Broado	aster Fee		373	14.
	 Service to additional set(s) 								
	• FM radio (if separate rate)				HD Equ	uipment Leas	se	90	14.9
	Motel, hotel								
	Commercial				Additic	onal Conv Re	ntal	42	3.9
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS		s				
-	In General: Space F calls for rat				-	Il your cable sys	tem's servi	ices that were	
F	not covered in space E, that is, th					,	,		
a .	service for a single fee. There ar				•		• • • •		
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usualiy	billed. If arry ra		larged on a valia	able per-pr	ograffi basis,	
ransmissions:	Block 1: Give the standard rat	e charged by tl							
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	rices in the	form of a	
		BLO0 RATE		ORY OF SER		DATE	CATEO	BLOCK 2 ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services:	RATE		tion: Non-res		RATE	CATEGO	JRT OF SERVICE	RAT
	• Pay cable	17.00		el, hotel	luentiai				
	Pay cable—add'l channel	15.00		nmercial					
	Fire protection	13.00		v cable					l
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential		,	protection					
	First set	65.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)	05.00		connect		65.00			
			- 1760			05.00			I
	· · · /		• Dier	connect					
	• Converter			connect let relocation		65.00			
	· · · /		• Out	connect let relocation ve to new addr	855	65.00 65.00			

ounting Period:	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID:
Name	Great Plains Cable To	elevision		704
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	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 rr • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "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 t Column 4: Give the location	also in space I, if the station was carried 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- ne carriage of certain network progr i1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat ictions in the paper SA1-2 form.	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNOP	2.1	N	North Platte, NE
	KHGI	13.1	Ν	Kearney, NE
	KHGI	13.3	I-M	
Rows as Necessary	KUON	12.1	E	Lincoln, NE
	KUON-EW	12.2	E-M	
	KUON -EC	12.3	E-M	
				Superior. NE
	KSNB	4.2	I-M	Superior, NE North Platte, NE
	KSNB KNPL	4.2 10.1	I-M N	North Platte, NE
	KSNB	4.2 10.1 11.1	I-M N N	
	KSNB KNPL	4.2 10.1	I-M N	North Platte, NE
	KSNB KNPL	4.2 10.1 11.1	I-M N N	North Platte, NE
	KSNB KNPL	4.2 10.1 11.1	I-M N N	North Platte, NE
	KSNB KNPL	4.2 10.1 11.1	I-M N N	North Platte, NE
	KSNB KNPL	4.2 10.1 11.1	I-M N N	North Platte, NE
	KSNB KNPL	4.2 10.1 11.1	I-M N N	North Platte, NE
	KSNB KNPL	4.2 10.1 11.1	I-M N N	North Platte, NE
	KSNB KNPL	4.2 10.1 11.1	I-M N N	North Platte, NE
	KSNB KNPL	4.2 10.1 11.1	I-M N N	North Platte, NE
	KSNB KNPL	4.2 10.1 11.1	I-M N N	North Platte, NE
	KSNB KNPL	4.2 10.1 11.1	I-M N N	North Platte, NE
	KSNB KNPL	4.2 10.1 11.1	I-M N N	North Platte, NE
	KSNB KNPL	4.2 10.1 11.1	I-M N N	North Platte, NE
	KSNB KNPL	4.2 10.1 11.1	I-M N N	North Platte, NE

Accounting F			/STEM:					I SA1-2E. PAGE
Great Plains	Cable Tele	evision						7(
	t every radio s	station ca	arried on a separate and disco nerally receivable by your cal					Н
Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: Co	ctions Conce it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	rning AI y the sys be recei t the Co sign of o the static ion's sig g a check n's locati	I-Band FM Carriage: Under 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 mark in the "S/D" column. on (the community to which the	Copyright Office i at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	regulations, an eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can certain s general i eparate	inal is generally be expected, iated 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	
GALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		5/D	LOCATION OF STATION	

Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Great Plains Cable Tel	evision						704
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, identi substitute basis during the a	ify <i>every nor</i> ccounting pe	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati C rules, regul	ations, or au	thorizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the	e paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	-	ir cable system	carry, on a substitute basi	s, any nonne	work televis	ion progran	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No"	", leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	st complete	the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their	meaning is	i
				ision program ("substitute	program") tha	t, during the	accounting	I
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitute	d for the prog	ramming of	another sta	tion
	under certain FCC rules, re Do not use general categor	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for furthe	r informatio	۱.
	"NBA Basketball: 76ers vs.		vies of baske	tball. List specific program	Tulles, for exa	ample, I Lo	Ve Lucy of	
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "N				
				sting the substitute progra		and by the	FCC or in	
	the case of Mexican or Can			e community to which the community with which the				
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv					1 1 - 4 4 - 4 - 4		L .
	to the nearest five minutes.			gram was carried by your of the system from 6:01:				iy
	stated as "6:00–6:30 p.m."	Example: a	a program oann		10 p.m. to 0. <u>-</u>	0.00 p.iii. 0		
				was substituted for progra				
	to delete under FCC rules a	and requilation	ons in effect du	iring the accounting period	; enter the let	er "P" if the	listed progr	am
						nd regulatio	ns in	
	was substituted for program effect on October 19, 1976.	nming that y				nd regulatio	ns in	
	was substituted for program	nming that y			r FCC rules a	-		
	was substituted for program effect on October 19, 1976.	nming that y		s permitted to delete unde	r FCC rules a	nd regulatio N SUBSTI AGE OCCI	TUTE	7. REASON FOR
	was substituted for program effect on October 19, 1976.	nming that y	our system wa	s permitted to delete unde	r FCC rules a	N SUBSTI AGE OCCI 6. T	TUTE	
	was substituted for program effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCI 6. T	TUTE JRRED IMES	7. REASON FOR
	was substituted for program effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCI 6. T	TUTE JRRED IMES	7. REASON FOR
	was substituted for program effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCI 6. T	TUTE JRRED IMES	7. REASON FOR
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	was substituted for program effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCI 6. T	TUTE JRRED IMES	7. REASON FOR
	was substituted for program effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCI 6. T	TUTE JRRED IMES	7. REASON FOR
	was substituted for program effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCI 6. T	TUTE JRRED IMES	7. REASON FOR
	was substituted for program effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCI 6. T	TUTE JRRED IMES	7. REASON FOR
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Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Great Plains Cable Television	704
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	service
	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 \$263,80 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. 	0
	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 this six accounting period is \$52.00	-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 \$137,100)	
	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	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
		19.00
	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)	52.00
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	67.00
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Co See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inf	

			FORM SA1-2E. PAGE 7
Name		FOWNER OF CABLE SYSTEM: Cable Television	SYSTEM ID# 704
M Channels	to its subscrib 1. Enter the to	You must give (1) the number of channels on which the cable system carried television bro ers, and (2) the cable system's total number of activated channels during the accounting pe tal number of channels on which the cable ed television broadcast stations	eriod.
	on which the	tal number of activated channels cable system carried television broadcast stations dcast services	109
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to w t about this statement of account.)	whom
for Further Information	Name	LeaAnn Quist	Telephone 402-456-6434
	Address	P. O. Box 500 (Number, street, rural route, apartment, or suite number)	
		Blair, NE 68808 (City, town, state, zip)	
	Email		ional)
			,
ο	CERTIFICATIO	${\bf N}$ (This statement of account must be certified and signed in accordance with Copyright Of	ffice regulations)
Certification	• I, the undersig	ned, hereby certify that (Check one, but only one, of the boxes.)	
	(Ow	ner other than corporation or partnership) I am the owner of the cable system as identified ir	n line 1 of space B: or
			The Torspace D, or
		ent of owner other than corporation or partnership) I am the duly authorized agent of the ow	
		in line 1 of space B and that the owner is not a corporation or partnership; or	mer of the cable system as identified
	X (Of	in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity in line 1 of space B.	vner of the cable system as identified y identified as owner of the cable system
	 X (Of I have examinare true, comp 	in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity	vner of the cable system as identified y identified as owner of the cable system contained herein
	 X (Of I have examinare true, comp 	in line 1 of space B and that the owner is not a corporation or partnership; or icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact ete, and correct to the best of my knowledge, information, and belief, and are made in good faitl	vner of the cable system as identified y identified as owner of the cable system contained herein
	 X (Of I have examinare true, comp 	in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact ete, and correct to the best of my knowledge, information, and belief, and are made in good fait stion 1001(1986)]	vner of the cable system as identified y identified as owner of the cable system contained herein th.
	 X (Of I have examinare true, comp 	in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact ete, and correct to the best of my knowledge, information, and belief, and are made in good fait tion 1001(1986)] $\underbrace{X /s/Janelle Allison}_{Enter an electronic signature on the line above to certify this statements of the statement of the legal entity $	vner of the cable system as identified y identified as owner of the cable system contained herein th.
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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 telephoi 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 lay

unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
at Plains Cable Television	70
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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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