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

STATE	IENT OF ACCOUNT	FOR COPYRIC	Return completed workbook by email to	
	lary Transmissions by tems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General inst	ructions are located b of this workbook.	8/26/24	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYY/(Period))	
	2024/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

Accounting		20241 Barcode Data Filing Period (optional - see instructions)
Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Savage Communications
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SCI Cable TV
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		206 Power Avenue North (Number, street, rural route, apartment, or suite number)
		Hinkley, MN 55037
		(City, town, state, zp)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	_	
	2	(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 Office 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 Office'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 filing, a determination that would be made by a court of law.

		FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Savage Communications	39
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated con	
D	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 kno
	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 ho	ome parks should be reported in parentheses below the
Area	identified city.	
Served		
		1
	CITY OR TOWN	STATE
First	City of Isle	MN
Community	Lakeside Twp	MN
	Malmo Twp	MN
Add Rows as Necessary	Glen Twp	MN
	Kimberly Twp	MN
	Wealthwood Twp	MN
	Hazelton Twp	MN
	Eastside Township	MN
	Harbrook Twp	MN
	Isle Harbor Twp	MN
	South Harbor Twp	MN
	Kathio Twp	MN
	Garrison Twp	MN
	Bay Lake Twp	MN
	City of Garrison	MN
	City of Onamia	MN
	Onamia Twp	MN
	City of Wahkon	MN

	FC LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Savage Communications									
	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).									
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot	<b>`</b>	,	,	,	hla svetan	n broken			
scribers and	down by categories of secondar					,	,			
Rates	each category by counting the n	,	0 /	,	•					
	separately for the particular serv				•	,				
	Rate: Give the standard rate of									
	unit in which it is generally billed category, but do not include disc				ird rate variation	is within a	particular rate			
	Block 1: In the left-hand block				ondary transmi	ssion servi	ice that cable			
	systems most commonly provide	e to their subso	ribers. Give the num	ber of subs	cribers and rate	for each li	sted category			
	that applies to your system. Not		-		-					
	categories, that person or entity subscriber who pays extra for ca									
	first set" and would be counted of				a in the count u	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 include one or	more secon	dary transmissi	ons), list th	nem, together			
	with the number of subscribers a	and rates, in th	e right-hand block. A	two- or thre	e-word descrip	tion of the	service is			
	sufficient.	OCK 1		П		BLOC	()			
		NO. OF				BLUCI	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA		
	Residential:									
	<ul> <li>Service to first set</li> </ul>		1,316 48.95							
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RAT	ES						
F	In General: Space F calls for ra				all your cable sy	stem's ser	vices that were			
F	not covered in space E, that is, t									
Services	service for a single fee. There a furnished at cost or (2) services		,	0		0 (	/			
Other Than										
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that			-	-					
	listed in block 1 and for which a brief (two- or three-word) descri			blished. List	these other sei	rvices in th	e form of a			
	CATEGORY OF SERVICE	BLO RATE	CATEGORY OF SE	RVICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RA		
	Continuing Services:		Installation: Non-re			0,1120				
	• Pay cable		<ul> <li>Motel, hotel</li> </ul>							
	,		Commercial							
	Pay cable—add'l channel									
			<ul> <li>Pay cable</li> </ul>							
	• Pay cable—add'l channel		<ul> <li>Pay cable</li> <li>Pay cable-add'l</li> </ul>	channel						
	Pay cable—add'l channel     Fire protection			channel						
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	100.00	• Pay cable-add'l							
	Pay cable—add'l channel     Fire protection     Burglar protection Installation: Residential	100.00	• Pay cable-add'l • Fire protection							
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	100.00	<ul> <li>Pay cable-add'l</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>							
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	100.00	Pay cable-add'l     Fire protection     Burglar protection Other services:							
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	100.00	Pay cable-add'l     Fire protection     Burglar protectio Other services:     Reconnect	on						
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	100.00	<ul> <li>Pay cable-add'l</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Other services:</li> <li>Reconnect</li> <li>Disconnect</li> </ul>	on 1						

	LEGAL NAME OF OWNER O	 DF CABLE SYSTEM:		SYSTEM						
Name	Savage Communicat			39						
		PRIMARY TRANSMITTERS: TELEVISION								
G Primary ransmitters: Television	<ul> <li>In General: In space G, identify every television station (including translators 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.</li> <li>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: <ul> <li>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.</li> <li>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.</li> </ul> </li> <li>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 <ul> <li>"WETA-2" as the same on the form.</li> </ul> </li> <li>Column 2: Give the channel number 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.</li> <li>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 noncommercial educational), or "E-M" (for noncommercial educational multicast).&lt;</li></ul>									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	КТСА	34	E	Saint Paul, MN						
	KTCA-DT2	34.2	E-M	Saint Paul, MN						
	KTCA-DT3	34.3	E-M	Saint Paul, MN						
	КРХМ	16	I	St. Cloud, MN						
Rows as Necessary	wcco	32	N	Minneapolis, MN						
	WCCO-DT2	32.2	I-M	Minneapolis, MN						
	KSTP	35	N	Saint Paul, MN						
	KSTP-DT2	35.2	I-M	Saint Paul, MN						
	WUCW	22	l	Minneapolis, MN						
	WUCW-DT3	22.3	I-M	Minneapolis, MN						
	WUCW-DT3 WUCW-DT4	22.3 22.4	I-M I-M	Minneapolis, MN Minneapolis, MN						
	WUCW-DT4	22.4	I-M	Minneapolis, MN						
	WUCW-DT4 WUCW-DT5	22.4 22.5	I-M	Minneapolis, MN Minneapolis, MN						
	WUCW-DT4 WUCW-DT5 WFTC	22.4 22.5 9	i-M i-M i	Minneapolis, MN Minneapolis, MN Minneapolis, MN						
	WUCW-DT4 WUCW-DT5 WFTC WFTC-DT2	22.4 22.5 9 9.2	I-M I-M I I-M	Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN						
	WUCW-DT4 WUCW-DT5 WFTC WFTC-DT2 WFTC-DT3	22.4 22.5 9 9.2 9.3	I-M I-M I I-M I-M	Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN						
	WUCW-DT4 WUCW-DT5 WFTC WFTC-DT2 WFTC-DT3 KMSP	22.4 22.5 9 9.2 9.3 9	I-M I-M I I-M I-M N	Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN						
	WUCW-DT4 WUCW-DT5 WFTC WFTC-DT2 WFTC-DT3 KMSP KMSP-DT3	22.4 22.5 9 9.2 9.3 9 9.3	I-M I-M I I I-M I-M N I-M	Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN						
	WUCW-DT4 WUCW-DT5 WFTC WFTC-DT2 WFTC-DT3 KMSP KMSP-DT3 KMSP-DT4	22.4 22.5 9 9.2 9.3 9 9.3 9.3 9.4	I-M I-M I I I-M I-M I-M I-M	Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN						
	WUCW-DT4 WUCW-DT5 WFTC WFTC-DT2 WFTC-DT3 KMSP KMSP-DT3 KMSP-DT4 KSTC	22.4 22.5 9 9.2 9.3 9 9.3 9.3 9.4 30	I-M I-M I I I-M I-M I-M I-M I	Minneapolis, MNMinneapolis, MN						
	WUCW-DT4 WUCW-DT5 WFTC WFTC-DT2 WFTC-DT3 KMSP KMSP-DT3 KMSP-DT4 KSTC KSTC-DT2	22.4 22.5 9 9.2 9.3 9 9.3 9.3 9.3 9.4 30 30.2	I-M I-M I I I-M I-M I-M I-M I I I I-M	Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN						
	WUCW-DT4 WUCW-DT5 WFTC WFTC-DT2 WFTC-DT3 KMSP KMSP-DT3 KMSP-DT4 KSTC KSTC-DT2 KSTC-DT2 KSTC-DT3	22.4 22.5 9 9.2 9.3 9 9.3 9 9.3 9.4 30 30.2 30.3	I-M I-M I I I-M I-M I-M I-M I I I I I I	Minneapolis, MN         Minneapolis, MN						

unting Period	: 2024/1			FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM					
Nume	Savage Communica	tions		394					
	PRIMARY TRANSMITTERS: TELEVISION								
G	carried by your cable syst	dentify every television station (including tem during the accounting period, <i>except</i>	(1) stations carried only on a part-	-time basis under					
Primary ansmitters: ſelevision	76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Station</b>	s in effect on June 24, 1981, permitting th 1(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. ns: With respect to any distant stations ca	1(e)(2) and (4))]; and (2) certain sta	ations carried on a					
	• Do <i>not</i> list the station he station was carried <i>only</i> of			<i></i>					
	basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same or		see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep	ctions. SPN, etc. Identify each port multistream					
	<ul> <li>Column 2: Give the channel number 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.</li> <li>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 noncommercial educational), or "E-M" (for noncommercial educational multicast).</li> <li>For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.</li> <li>Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</li> </ul>								
	FCC. For Mexican or Can	nadian stations, if any, give the name of th	e community with which the statio	n is identified.					
	FCC. For Mexican or Can	adian stations, if any, give the name of the na	ne community with which the statio 3. TYPE OF STATION	n is identified. 4. LOCATION OF STATION					
			·						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					
	1. CALL SIGN KARE-DT3	2. B'CAST CHANNEL NUMBER 31.3	3. TYPE OF STATION	4. LOCATION OF STATION Minneapolis, MN					

LEGAL NAME O	F OWNER OF	CABLE S	YSTEM:					SYSTEM ID
Savage Con	nmunicatio	ns						3940
PRIMARY TRA	NSMITTERS:	RADIO	1					
			arried on a separate and discre					Н
all-band basis v	vhose signals	were ge	nerally receivable by your cab	le system during	the accountin	ng perio	d.	
			II-Band FM Carriage: Under C					Primary
			stem whenever it is received a ived at the headend, with the s					Transmitters: Radio
	-		pyright Office regulations on the	•	-			Ruulo
paper SA1-2 fo	rm.							
			each station carried. on is AM or FM.					
			nal was electronically process	ed by the cable s	svstem as a s	eparate	and discrete	
		-	k mark in the "S/D" column.	,	,			
			on (the community to which th			C or, in	the case of	
Mexican or Car	nadian stations	s, if any,	the community with which the	station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Peric							FOR		
Name	LEGAL NAME OF OWNER OF Savage Communication					SYSTEM ID 3940			
		5115						3940	
I		tify every non	network televi	sion program, broadcast	t by a <i>distant</i> station, that your cable system carried on a				
Substitute	substitute basis during the a explanation of the programm								
Carriage:	1. SPECIAL STATEMEN	-							
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant sta					L	YES	× NO	
	Note: If your answer is "No log in block 2.	," leave the	rest of this pa	ge blank. If your answe	r is "Yes," you	must compl	ete the pro	gram	
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time	distant stati egulations, or ries like "mov Bulls." m was broad sign of the s adcast statio hadian statio hth and day v ve "5/7." es when the	ion and that yo r authorization vies" or "bask dcast live, ente station broadc on's location (t ons, if any, the when your systitute pro-	our cable system substi ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise ente asting the substitute pro the community to which community with which stem carried the substitu- ogram was carried by ye	tuted for the pr general instruc gram titles, for er "No." ogram. the station is li the station is li ute program. U our cable syste	ogramming tions for furi example, "I censed by t lentified). se numeral m. List the	of another ther informa Love Lucy the FCC or s, with the times accu	station ation. ' or , in month rately	
	to the nearest five minutes. stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the l and regulatio	listed progran	n was substituted for pro uring the accounting pe	ogramming tha riod; enter the	t your syste letter "P" if t	the listed p		
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the l and regulatic nming that ye	listed progran ons in effect d our system w	n was substituted for pro uring the accounting pe as permitted to delete u	ogramming tha riod; enter the nder FCC rules	t your syste letter "P" if f s and regula	the listed plations in	rogram	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the l and regulatic nming that yo UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro uring the accounting pe as permitted to delete u	ogramming tha riod; enter the nder FCC rules WHE CARR 5. MONTH	t your syste letter "P" if i s and regula N SUBSTI IAGE OCC 6. T	the listed prations in TUTE URRED TMES		
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	ter "R" if the l and regulatic nming that y UBSTITUTE	listed progran ons in effect d our system w	n was substituted for pro uring the accounting pe as permitted to delete u	ogramming tha riod; enter the nder FCC rules WHE CARR 5. MONTH	t your syste letter "P" if f s and regula N SUBSTI IAGE OCC	the listed plations in TUTE URRED	7. REASON FC	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	ter "R" if the l and regulatic nming that yo UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro uring the accounting pe as permitted to delete u	ogramming tha riod; enter the nder FCC rules WHE CARR 5. MONTH	t your syste letter "P" if i s and regula N SUBSTI IAGE OCC 6. T	the listed prations in TUTE URRED TMES	7. REASON FO	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	ter "R" if the l and regulatic nming that yo UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro uring the accounting pe as permitted to delete u	ogramming tha riod; enter the nder FCC rules WHE CARR 5. MONTH	t your syste letter "P" if i s and regula N SUBSTI IAGE OCC 6. T	the listed prations in TUTE URRED TMES	7. REASON FO	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	ter "R" if the l and regulatic nming that yo UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro uring the accounting pe as permitted to delete u	ogramming tha riod; enter the nder FCC rules WHE CARR 5. MONTH	t your syste letter "P" if i s and regula N SUBSTI IAGE OCC 6. T	the listed prations in TUTE URRED TMES	7. REASON F	
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Accounting Period:	<b>2024/1</b> FORM SA1-2E. PAGE									
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM									
Hame	Savage Communications 3940									
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 total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.									
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 \$263,800 • 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									
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month									
	accounting period is \$52.00.									
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8									
	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 \$137,100)									
	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									
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8									
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)									
	1. Enter the amount of gross receipts from space K									
	2. Base amount under statutory formula \$ 263,800.00									
	3. Subtract line 2 from line 1									
	4. Multiply line 3 by .01									
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00									
	6. Interest charge. Enter the amount from line 4, space Q, page 8									
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 2,546.09									
	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) \$ 2,546.09									
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)									
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 2,566.09									
	EFT Trace # or TRANSACTION ID #									
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.									

Accounting Period:	2024/1						FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNE Savage Communic						SYSTEM   394
M Channels	to its subscribers, and 1. Enter the total num system carried telev 2. Enter the total num on which the cable s	ust give (1) the number o d (2) the cable system's t aber of channels on which rision broadcast stations aber of activated channels system carried television ervices	otal numb n the cabl s broadcas	ber of activated channe le st stations	els during the a		ns 26  230+
N Individual to Be Contacted		CONTACTED IF FURTH		DRMATION IS NEEDE	<b>D</b> (Identify an ir	ndividual	
for Further Information	Name Ali	ma Hoxha, Cinnam	non Mu	ieller		Telepho	one <b>314-462-9000</b>
	(Nur St.	14 Deer Tracks Tra nber, street, rural route, apartr . Louis, MO 63131 /, town, state, zip)					
	Email	ahoxha@cinnar	nonmue	ller.com		Fax (optional)	
O Certification	<ul> <li>I, the undersigned, here</li> <li>(Owner oth)</li> <li>(Agent of or in line 1</li> <li>X</li> <li>(Officer or in line 1</li> <li>I have examined the</li> </ul>	ereby certify that (Check of er than corporation or p wner other than corpora of space B and that the o partner) I am an officer ( of space B. statement of account and d correct to the best of my	artnershi atton or p wner is n if a corpor hereby d	nly one, of the boxes.) <b>ip)</b> I am the owner of the <b>partnership)</b> I am the du ot a corporation or partu- ration) or a partner (if a leclare under penalty of	ue cable system uly authorized a nership; or partnership) of law that all state	ements of fact contained h	ace B; or able system as identified s owner of the cable system
			Enter an Enter sign	/s/ Scott Savage	the line above to		
		Title:	VP/Bu	Scott Savage			
		Date:		on neid in corporation of pa	ансыцр)	August 26, 2024	

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 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 Office'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 filing, a determination that would be made by a court of law.

SPECIAL STATEMENT CONCERNING GROSS RECIPTS EXCLUSION The determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and menounts collected from subscribers receiving secondary transmissions pursuant to section 119. For indetermining the total number of 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 concerning perioding 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 concerning the accounting perioding 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 concerning the accounting period. Add the cable system exclude any amounts of gross receipts for secondary transmissions made by section 2000. For more information on when to exclude these amounts are subscribers receiving secondary transmissions. For an explanation of interest assessment, see page (viii) of the general instructions located in the pager 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 pager SA1-2 form. Line 1 Multiply line 1 by the interest rate* and enter the sum here	ounting Period: 2	024/1	FORM SA1-2E. PAGE
SPECAL STATEMENT TO Betermining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary breadcast transmitters, the system shall not include sub- service and memory builded from subscribers reading secondary transmissions located in the paper SA1-2 form. To determining the total number of subscribers and the gross amounts paid to the cable system for the basic made by satellite carriers to satellite dish owners?  Nore Nore Nore Nore Line 1 Enter the total here and list the satellite carrier(s) below. Line 2 Multiply line 1 by the interest rate* and enter the sum here Nore Nore Nore Nore Nore Nore Nore N	AL NAME OF OWN	IER OF CABLE SYSTEM:	SYSTEM I
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Capyright Act by adding the following sentence:       P         The determining the total number of subscribters and the gross amounts paid to the cable system for the basic subscribters and amounts collected from subscribters receiving secondary transmissions pursuant to section 119."       P         For more information on when to exclude these amounts, see the note on page (wii) of the general instructions focated in the paper SA1-2 form.       P         Image       Image Address       S         Image Address       Name       Maing Address         Maring Address       Maing Address       S         Interest T ASSESSMENT       Name       Name         Nume 1       Maing Address       Name       Name         Maing Address       Name       Name       Name         Nume 1       Name       Name       Name       Name         Name 2       Number 3       Name       Name       Name       Name         Nume 1       Name 3       Name 3       Name       Name <t< th=""><th>age Commur</th><th>lications</th><th>3940</th></t<>	age Commur	lications	3940
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         TYES. Enter the total here and list the satellite carrier(s) below.       \$	The Satellite Ho lowing sentence "In deter service o scribers	me Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusior
made by satellite carriers to satellite dish owners?         NO         YES. Enter the total here and list the satellite carrier(s) below.         Name         Maling Address         Line 1 Enter the amount of late payment or underpayment .         Maling Address         Line 3 Multiply line 3 by 0.00274** and e			
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Name         Maling Address       Maing 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.       x	-		
Name       Name         Mailing Address       Mailing Address         INTEREST ASSESSMENT       Norme         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.       Interest Assess         Line 1 Enter the amount of late payment or underpayment.       x	X NO		
Mailing Address       Mailing Address       Mailing Address       Image: Complete this worksheet for those royally 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.       Image: Complete this worksheet for those royally 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.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royally payments submitted to the Complete this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filling.       Image: Complete this original filling.         Owner       Address       ID number       Image: Community served       Image: Complete this original filling.         Dinumber       First community served       Image: C	YES. Enter	the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are submitted as a result of a late payment or underpayment are submitted as a result of a late payment or underpayment or underpayment are underpayment.       Image: Complete this worksheet covering a statement of account already submitted to the copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.       Image: Complete the latement fore submit the late payment or underpayment are underpaym			
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments are submitted as a result of a late payment or underpayment are submitted as a result of a late payment or underpayment or underpayment are underpayment.       Image: Complete this worksheet covering a statement of account already submitted to the copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.       Image: Complete the latement fore submit the late payment or underpayment are underpaym		SESSMENT	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	•		Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter th	e amount of late payment or underpayment	Interest Assessmer
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply	· · · · · · · · · · · · · · · · · · ·	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	Line 3 Multiply	· · ·	
To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.     ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.		L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.			
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	** This is the	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address ID number First community served	-		
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	Accounting peri		

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