THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2-29-24	\$ ALLOCATION NUMBER				

Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE

Washington, DC 20557-6400 (202) 707-8150

For courier deliveries,

see page ii of the general

instructions

Α	ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT:					
Accounting Period	July 1-December 31, 2023						
B Owner	Incorrect information and print or type the correct information beside it.						
	LEGAL NAME OF OWNER/MAILING ADD						
	Eagle Communications Inc.						
				10587 2023/2			
	PO Box 817						
	Hays KS 67601						
С			tify the business and operation of the system u				
•	7	e 2, give the mailing address of the	system, if different from the address given in s	space B.			
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite nu						
	(Number, street, rural route, apartment, or suite nui	mber)					
	(City, town, state, zip code)						
D	· ·	, , ,	A "community" is the same as a "community ur				
	in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form						
Area	of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.						
Served	Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First Community	Abilene (A) Chapman (A)	KS KS	Ellsworth Marion	KS KS			
	Solomon (A)	KS	Minneapolis	KS			
	Enterprise (A)	KS					
	Clay Center (B)	KS		_			
	Wake Field (B)	KS					
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·	·			

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 effects 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 suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
Name	Eagle Communications Inc.							
	CITY OR TOWN	STATE	CITY OR TOWN	10587 STATE				
	SITT SICTORIA	37/112	SIII SIX ISWIX	017/112				
D								
(continued)								
Area								
Served								

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10587 **Eagle Communications Inc.** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Transmission last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 1,297 · Service to first set 30.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel 21.95 Commercial 266 72.95 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than 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. Secondary Transmissions: 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 your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential Pay cable 21.95 · Motel, hotel • Pay cable—add'l channel 66.50 Commercial · Fire protection · Pay cable • Pay cable-add'l channel Burglar protection Installation: Residential · Fire protection First set 15.00 · Burglar protection · Additional set(s) 5.00 Other services: • FM radio (if separate rate) Reconnect 30.00 Converter 2.50 Disconnect

Outlet relocation

Move to new address

49.99

ACCOUNTING PERIOD: 2023/2 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 10587 **Eagle Communications Inc.** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections **Primary** 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 Transmitters: 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 Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as 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). For the meaning of these terms, see page (iv) of the general instructions. 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 identifed. 3. TYPE 1. CALL 2. B'CAST 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION KAAS - Comet** WICHITA, KS 24.3 I-M KAAS - D2 - MyNetwo 24.2 I-M WICHITA, KS **KAAS - FOX** 24 ı WICHITA, KS **KAAS - FOX HD** 24.1 WICHITA, KS I-M **KAAS MNT.2 HD** 24.2 I-M WICHITA, KS KAKE ABC 10 Ν WICHITA, KS **KAKE HD ABC** 10.1 N-M WICHITA, KS WICHITA, KS **KAKE MeTV** 10.2 I-M **KMTW Charge TV** 36.3 I-M **HUTCHINSON, KS KMTW DABL** 36 **HUTCHINSON, KS KMTW DABL HD** 36.1 I-M **HUTCHINSON, KS KMTW Stadium** 36.2 I-M **HUTCHINSON, KS KPTS Create PBS** 8.3 E-M **HUTCHINSON, KS KPTS Explore PBS** 8.2 E-M **HUTCHINSON, KS KPTS Kids PBS** 8.4 E-M **HUTCHINSON, KS KPTS PBS** 8 Ε **HUTCHINSON, KS KSCW Antenna** I-M 33.3 WICHITA, KS **KSCW CW** ı 33 WICHITA, KS 33.2 **KSCW-Catchy Come** I-M WICHITA, KS **KSCW HD CW** 33.1 I-M WICHITA, KS

KSCW Start TV

KSNW HD NBC

KSNW NBC

33.4

3.1

3

I-M

N-M

Ν

WICHITA, KS

WICHITA, KS

WICHITA, KS

ACCOUNTING PERIOD: 2023/2 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 10587 **Eagle Communications Inc.** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections **Primary** 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 Transmitters: 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 Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as 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). For the meaning of these terms, see page (iv) of the general instructions. 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 identifed. 3. TYPE 1. CALL 2. B'CAST 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION** KSNW Telemundo .2 WICHITA, KS 3.2 I-M **KSNW True Crime** 3.4 I-M WICHITA, KS **KTWU Create PBS** E-M 11.1 TOPEKA, KS Ε KTWU HD PBS 11 TOPEKA, KS **KTWU World PBS** 11.2 E-M TOPEKA, KS **KWCH CBS** 12.1 N-M **HUTCHINSON, KS KWCH Circle** 12.4 I-M **HUTCHINSON, KS KWCH HD CBS** 12 Ν **HUTCHINSON, KS KWCH Hero's & Icon** 12.3 I-M **HUTCHINSON, KS KWCH Wx** 12.2 I-M **HUTCHINSON, KS**

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						Name			
Eagle Comm	nunications	Inc.						10587	
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.								H Primary Transmitters: Radio	
For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).									
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL	SIGN	AM or FM	S/D	LOCATION OF STATION	

Name	LEGAL NAME OF OWNER OF		EM:							SYSTEM ID#
Name	Eagle Communications Inc.							10587		
ī	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
I	In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a									
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions.							10115. FC	n a fulfilei	
Carriage: Special	IDFOADCAST DV A DISTANT STATION?									
Statement and Program Log										
	Note: If your answer is "No" log in block 2.	, leave the	rest of this pag	e blank. If your answer is	"Yes," yo	u mus	t complet	e the pr	ogram	
	2. LOG OF SUBSTITUTE									
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: '76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.									
	WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED				7. REASON					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MO		6. FROM	TIMES	то	FOR DELETION
		100 01 110	O' LEE GIGIT	i. Official Education	7,445	,,,,	TROM	_	10	
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F	DRM SA1-2. PAGE 6.		01/0==11/5	1
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc.		SYSTEM ID# 10587	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identifed in space E) during the accounting period. For a further explanation of h page (vii) of the general instructions. 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	s secondary transnow to compute this a	nission service	K Gross Receipts
F		•	(Althounk of gross receipts)	
!n	OPYRIGHT ROYALTY FEE structions: 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but lesse page (vi) of the general instructions for more information.		263,800	L Copyright Royalty Fee
	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 accounting period is \$52.00	at you must pay for t	this six-month	
	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 a	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bi	t more than \$137,	100)	
	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	329,573.00	-	
	Base amount under statutory formula	263,800.00	_	
	3. Subtract line 2 from line 1	65,773.00	_	
	4. Multiply line 3 by .01	\$	657.73	
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	<u>\$</u>	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, an	16	\$ 1,976.73	
	FILING FEE AND TOTAL REM	TTANCE DUE		
r il i n g F	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) 2. Filing Fee (See the instructions for more information on filing fee calculations)		\$ 1,976.73 \$ 20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$ 1,996.73]
	EFT Trace # or TRANSACTION ID #		Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Ex	cel instructions tab for	or more information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
Namo	Eagle Communications Inc. 10587							
	CHANNELS							
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations							
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
Channels	4. Enter the total number of channels on which the cable							
	1. Enter the total number of channels on which the cable system carried television broadcast stations							
	System carried toleristic pleadeds stations							
	Enter the total number of activated channels							
	on which the cable system carried television broadcast stations							
	and nonbroadcast services							
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)							
Individual to	The sain time of sain about time statement of accounts,							
Be Contacted								
for Further	Name Marie Censoplano Telephone 914-235-8313							
Information								
	Address 4 International Dr Suite 330							
	(Number, street, rural route, apartment, or suite number)							
	Rye Brook, NY 10573 (City, town, state, zip)							
	(Ony, 10mi, 5tato, 219)							
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363							
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations,							
0	as explained in the general instructions.)							
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.							
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.							
	[18 U.S.C., Section 1001(1986)]							
	Handwritten signature: /s/ $m{Daniel}\ m{J}\ m{White}$							
	Tuned as printed names Daniel White							
	Typed or printed name: Daniel J White							
	Title: SVP Financial Planning							
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)							
	Date: 2/26/24							

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	10587	
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclused in the service and amounts collected from subscribers receiving secondary transmissions pursuant to section	asic ude sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.		Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmi made by satellite carriers to satellite dish owners?	SSIONS	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name		
Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment an explanation of interest assessment, see page (viii) of the general instructions.	ayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest
x		Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	uuys	
x 0.002	74	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	- orgo)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance	0 /	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	; piease	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, list below the owner, address, first community served, ID number, and accounting period as given in the original		
Owner Address		
ID number		
First community served		
Accounting period		

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