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

DATE RECEIVED

2-29-24

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\$

AMOUNT

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

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

SA1-2 Short Form

Return to: Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1 - December 31, 2023 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate title of the subsidiary, not that of the parent corporation. 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. 28877 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 Eagle Communications Inc. 28877 2023/2 **PO Box 817** Hays KS 67601 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites 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 of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area 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 Wray со First Community 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 Office'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

ACCOUNTING PERIOD: 2023/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Eagle Communications Inc.								
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
Р									
D									
ontinued)									
Area									
Served									

Name	LEGAL NAME OF OWNER OF CA		SYS	TEM ID							
Nume	Eagle Communications		2887								
Е	SECONDARY TRANSMISSION	SERVICE: SUE	SCRI	BERS AND RA	TES						
E	In General: The information in s			0	-						
Secondary	system, that is, the retransmission										
Secondary Transmission	about other services (including p						nose existii	ng on the			
Service: Sub-	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										
scribers 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.	-	-	•			-				
	category, but do not include disc	ounts allowed fo	or adva	ince 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 I	-									
	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.		ingin in								
	BLO	DCK 1					BLOCK	(2			
		NO. OF		DATE	0.17			NO. OF	DAT		
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE		
	Residential:		•								
	Service to first set		9	30.00							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		3	72.95							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC										
-	In General: Space F calls for rat					your cable sys	tem's servi	ces that were			
F	not covered in space E, that is, the										
a .	service for a single fee. There ar										
Services Other Than	furnished at cost or (2) services of										
Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable								Jyrani Dasis,			
Secondarv	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Secondary Fransmissions:			e cable			-	es listed.				
Secondary Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that	e charged by the your cable syste	em fur	e system for ea	ch of the a ed during t	pplicable servic	eriod that				
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	e charged by the your cable syste separate charge	em fur was n	e system for ea nished or offere nade or establi	ch of the a ed during t	pplicable servic	eriod that				
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that	e charged by the your cable syste separate charge	em fur was n	e system for ea nished or offere nade or establi	ch of the a ed during t	pplicable servic	eriod that				
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e charged by the your cable syste separate charge tion and include BLOC	em fur was n the ra	e system for ea nished or offero nade or establi ite for each.	ch of the a ed during t shed. List	pplicable servic he accounting p these other serv	period that vices in the	form of a BLOCK 2			
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	e charged by the your cable syste separate charge tion and include BLOC RATE	em fur was n the ra K 1 CATEC	e system for ea nished or offere nade or establi tte for each.	ch of the a ed during t shed. List	pplicable servic	period that vices in the	form of a	RATE		
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	e charged by the your cable syste separate charge tion and include BLOC RATE (em fur was n the ra K 1 CATEC	e system for ea nished or offere nade or establi ite for each. GORY OF SER ation: Non-res	ch of the a ed during t shed. List	pplicable servic he accounting p these other serv	period that vices in the	form of a BLOCK 2	RATE		
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Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	e charged by the your cable syste separate charge tion and include BLOC RATE (em fur was n the ra K 1 CATEC nstalla • Mo • Con	e system for ea nished or offere nade or establi ite for each. GORY OF SER ation: Non-res tel, hotel mmercial	ch of the a ed during t shed. List	pplicable servic he accounting p these other serv	period that vices in the	form of a BLOCK 2	RATE		
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ad by your cable s rules and regulation (d)(2) and (4), 76 ditute program base ubstitute Basis S under specific FC not list the station ation was carried the station here, asis. For further in blumn 1: List eace blumn 2: Give the may be different f ciated with a station ame on the form. blumn 3: Indicate ational station, by the meaning of the blumn 4: Give the	ERS: TELEVISION G, identify every televisisystem during the accor ions in effect on June 2 S.61(e)(2) and (4), or 76 Stations: With respect 1 CC rules, regulations, of here in space G—but only on a substitute ba and also in space I, if the formation concerning s the station's call sign. Do e number of the channel rom the channel on wh on according to its over the entering the letter "N" cast), "E" (for noncomm set terms, see page (iv e location of each station	unting period, exce 24, 1981, permitting 5.63 (referring to 76 next paragraph. to any distant static r authorizations: do list it in space I isis. the station was carr substitute basis static o not report original el on which the stati ich your cab;e syst r-thje-air designatic the station is a net (for network), "N-M mercial educational) of the general ins on. For U.S. station by, give the name of 3. TYPE OF STATION	g translator stations and low power television stations) pt (1) stations carried only on a part-time basis under the carriage of certain network programs [sections .61(e)(2) and (4))]; and (2) certain stations carried on a ons carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ied both on a substitute basis and also on some other ions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc. ion's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as work station, an independent station, or a noncommercial "(for network multicast), "I" (for independent), "I-M" , or "E-M" (for noncommercial educational multicast). s, list the community to which the station is licensed by the the community with which the station is identifed. 6. LOCATION OF STATION Denver CO Denver CO
eneral: In space (ad by your cable s rules and regulati (d)(2) and (4), 76 itute program bas ubstitute Basis S under specifc FC not list the station ation was carried the station here, usis. For further in plumn 1: List eac plumn 2: Give the may be different f ciated with a static ame on the form. plumn 3: Indicate ational station, by ndependent multion be meaning of the For Mexican or C MLL GN GN CW DO K3	G, identify every televisi system during the accou- ions in effect on June 2 6.61(e)(2) and (4), or 76 sis, as explained in the Stations: With respect f CC rules, regulations, of there in space G—but only on a substitute ba and also in space I, if t formation concerning s th station's call sign. Do e number of the channe from the channel on wh on according to its over e in each case whether r entering the letter "N" cast), "E" (for noncomm set terms, see page (iv) e location of each static Canadian stations, if an 2. B'CAST CHANNEL NUMBER 34 23	unting period, exce 24, 1981, permitting 5.63 (referring to 76 next paragraph. to any distant static r authorizations: do list it in space I isis. the station was carr substitute basis static o not report original el on which the stati ich your cab;e syst r-thje-air designatic the station is a net (for network), "N-M mercial educational) of the general ins on. For U.S. station by, give the name of 3. TYPE OF STATION	pt (1) stations carried only on a part-time basis under the carriage of certain network programs [sections .61(e)(2) and (4))]; and (2) certain stations carried on a ons carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ied both on a substitute basis and also on some other ions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc. ion's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as work station, an independent station, or a noncommercial " (for network multicast), "I" (for independent), "I-M" , or "E-M" (for noncommercial educational multicast). tructions. s, list the community to which the station is licensed by the i the community with which the station is identifed. 6. LOCATION OF STATION
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GN GN CW DO K3	CHANNEL NUMBER 34 23	OF STATION I	Denver CO
DO K3	23	 	
		<u> </u>	Denver CO
IC CBS	35		
		N	Denver CO
/R FOX	31	I	Denver CO
IA PBS	6	E	Denver CO
GH ABC	7	N	Denver CO
SA NBC	9	N	Denver CO
D MYTV	20	I	Denver CO

ACCOUNTING PERIOD: 2023/2

FORM SA1-2. F LEGAL NAME OF		CABLE SY	/STEM:					SYSTEM ID#	Name
Eagle Comm	nunications	s Inc.						28877	
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.								Н	
eceivable if (1) on the basis of if For detailed infor Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about lentify the call tate whether t the radio stati this by placing tive the statior	y the syst be receive t the the sign of e he station ion's sign g a check h's location	Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the Copyright Office regulations of each station carried. In is AM or FM. The was electronically process mark in the "S/D" column. The community to which the	it t sy on sec	he system's hea rstem's FM anter this point, see p d by the cable sy station is license	idend, and (2) nna, during ce bage (v) of the rstem as a sep ed by the FCC	it can b ertain sta genera parate a	e expected, ited intervals. I instructions. nd discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D			CALL SIGN		3/D		

								M SA1-2. PAGE 5.
Name	LEGAL NAME OF OWNER OF O		EM:					SYSTEM ID#
Name	Eagle Communications	s Inc.						28877
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe ng that mus	network televis riod, under spe t be included in	ion program broadcast by a cific present and former FC this log, see page (v) of the	a distant statio C rules, regula	ations, or auth		
Carriage: Special	 SPECIAL STATEMENT During the accounting peri 				s. anv nonne	twork televisi	on program	
Statement and Program Log	Yes							
	Note: If your answer is "No" log in block 2.	, leave the	rest of this pag	e blank. If your answer is '	"Yes," you mi	ust complete t	he program	
	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 to 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 pro gram 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 pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting							
	S	UBSTITUT	E PROGRAM				7. REASON	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	MES	FOR DELETION
							-	
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FORM SA1-2. PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Eagle Communications Inc.	28877	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	nission service	K Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
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 \$ Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See 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 you must pay for t accounting period is \$52.00	this six-month	
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		
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	7,600)	
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		
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
FILING FEE AND TOTAL REMITTANCE DUE		
F .		
ii 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 52.00	
g 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 #	Not Available	
See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab f	or more information	

	-	FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Eagle Communications Inc.	28877
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tions
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	1. Enter the total number of channels on which the cable	•
	system carried television broadcast stations	8
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	42
	and nonbroadcast services	42
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
IN	we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Marie Censoplano Telephone 9	14-235-8313
Information		
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	City, town, state, zip)	
	(a.), a, a.e., e.e.,	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
ο	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.)	ons,
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 identifed 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 so in line 1 of space B and that the owner is not a corporation or partnership; or	ystem as identified
	X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B.	er of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)] 	herein
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 2/26/24	

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.

ACCOUNTING PERIOD: 2023/2

FORM SA1-2. PAG	E 8	3.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	28877	name
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	basic clude sub- n 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	payment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest
×		Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7) \$ (interest	-	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistan	0,	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	cc picase	
** 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 Offco list below the owner, address, first community served, ID number, and accounting period as given in the origin	-	
Owner Address		
ID number		
First community served		
Accounting period		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying in	ormation (PII) requeste	d 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.