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

				Return completed workbook by
STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	 <u>coplicsoa@loc.gov</u>
General instru	ems (Short Form) uctions are located of this workbook	08/28/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period)) Period 2 = July 1 - December 31	
Accounting Period	20171	Barcode Data Filing Period (optional	- see instructions)	
В	Instructions: Give the full legal name of the owner of th	•	iary of another corporation, give the full corp	orate title

В		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
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system 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:
	1	MOUNT IDA, AR
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	000139
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis known as the "first community." Please use it as the first community on all future film	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	MOUNT IDA	AR
Community	MOUNTAIN HARBOR	AR
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							1-2E. PAGE
Name	CEQUEL COMMUNICAT	TONS LLC							00013
_	SECONDARY TRANSMISSION		BSCDIB		ATES				
E	In General: The information in s			-	-	v transmission s	ervice of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose exist	ing on the	
Transmission	last day of the accounting period						la avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate in	ndicated	-not the num	nber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standai	rd rate variations	s within a p	particular rate	
	Block 1: In the left-hand block				ries of seco	ondarv transmis	sion servio	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					i in the count un	der "Servi	ce to the	
	Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	right-ha	nd block. A tv	vo- or thre	e-word descripti	on of the s	service is	
	sufficient.	OCK 1					BLOC	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		420	20.45					
	Service to first set		420	28.45					
	Service to additional set(s)		120	0					
	• FM radio (if separate rate)								
	Motel, hotel		70	22.02					
	Commercial		78	32.68					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	IONS: RATE	s				
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•	,		0				
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the							-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installat	ion: Non-res	idential				
	• Pay cable	17.00	• Mote	el, hotel					
	 Pay cable—add'l channel 	19.00	• Com	mercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	nannel				
	5 · 1 · · · · ·			protection					
	Installation: Residential								
	U 1	40.00	 Burg 	lar protection					
	Installation: Residential			lar protection ervices:					
	Installation: Residential • First set		Other se			40.00			
	Installation: Residential • First set • Additional set(s)		Other so • Reco	ervices:		40.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other so • Reco • Disc	ervices: onnect		40.00 25.00			

				FORM SA1-2E. PAGE
ame	LEGAL NAME OF OWNER OF			SYSTEM ID 00013
	CEQUEL COMMUNIC			00013
G mary mitters: evision	carried by your cable systel FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repr evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARK-TV	32	N	LITTLE ROCK, AR
ľ	KARZ-TV	44	I	LITTLE ROCK, AR
	KARZ-TV KASN	44 39	<u>I</u>	LITTLE ROCK, AR PINE BLUFF, AR
lecessary			i 	
ecessary	KASN	39		PINE BLUFF, AR
ecessary	KASN KATV	39 22	N	PINE BLUFF, AR LITTLE ROCK, AR
√ecessary	KASN KATV KETS	39 22 7	N E	PINE BLUFF, AR LITTLE ROCK, AR LITTLE ROCK, AR
lecessary	KASN KATV KETS KKAP	39 22 7 36	N E	PINE BLUFF, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR
ecessary	KASN KATV KETS KKAP KKYK-CD	39 22 7 36 16	N E	PINE BLUFF, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR
lecessary	KASN KATV KETS KKAP KKYK-CD KLRT-TV KTHV	39 22 7 36 16 30	N E E I I	PINE BLUFF, AR LITTLE ROCK, AR
s Necessary	KASN KATV KETS KKAP KKYK-CD KLRT-TV	39 22 7 36 16 30 12	N E E I I	PINE BLUFF, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR
is Necessary	KASN KATV KETS KKAP KKYK-CD KLRT-TV KTHV	39 22 7 36 16 30 12	N E E I I	PINE BLUFF, AR LITTLE ROCK, AR
s Necessary	KASN KATV KETS KKAP KKYK-CD KLRT-TV KTHV	39 22 7 36 16 30 12	N E E I I	PINE BLUFF, AR LITTLE ROCK, AR
s Necessary	KASN KATV KETS KKAP KKYK-CD KLRT-TV KTHV	39 22 7 36 16 30 12	N E E I I	PINE BLUFF, AR LITTLE ROCK, AR
is Necessary	KASN KATV KETS KKAP KKYK-CD KLRT-TV KTHV	39 22 7 36 16 30 12	N E E I I	PINE BLUFF, AR LITTLE ROCK, AR
as Necessary	KASN KATV KETS KKAP KKYK-CD KLRT-TV KTHV	39 22 7 36 16 30 12	N E E I I	PINE BLUFF, AR LITTLE ROCK, AR
as Necessary	KASN KATV KETS KKAP KKYK-CD KLRT-TV KTHV	39 22 7 36 16 30 12	N E E I I	PINE BLUFF, AR LITTLE ROCK, AR
as Necessary	KASN KATV KETS KKAP KKYK-CD KLRT-TV KTHV	39 22 7 36 16 30 12	N E E I I	PINE BLUFF, AR LITTLE ROCK, AR
as Necessary	KASN KATV KETS KKAP KKYK-CD KLRT-TV KTHV	39 22 7 36 16 30 12	N E E I I	PINE BLUFF, AR LITTLE ROCK, AR
as Necessary	KASN KATV KETS KKAP KKYK-CD KLRT-TV KTHV	39 22 7 36 16 30 12	N E E I I	PINE BLUFF, AR LITTLE ROCK, AR

CEQUEL CO	F OWNER OF							SYSTEM 000
	t every radio s	station c) arried on a separate and dis enerally receivable by your c					н
eccivable if (1) on the basis of For detailed infi- paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	it is carried b monitoring, to ormation abou rm. dentify the call state whether f the radio state this by placing Sive the station	y the sy be rece it the C I sign of the stati tion's sig g a cheo n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations of each station carried. on is AM or FM. gnal was electronically proce ck mark in the "S/D" column. ion (the community to which	at the system's e system's FM a n this point, see ssed by the cabl the station is lice	headend, and ntenna, during page (v) of the e system as a ensed by the F	(2) it ca genera genera	in be expected, stated intervals. Il instructions in the.	Primary Transmitters Radio
		-	, the community with which th			0.0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					000139
					^			
	SUBSTITUTE CARRIAGE							
•	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT							-
Special	During the accounting peri				is any nonne	twork televi	sion program	n
Statement and	broadcast by a distant stat	-		ourry, on a substitute bac	io, any nonne			
Program Log	-					L	YES	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more space				wherever pos	sible, if thei	ir meaning is	;
	Column 1: Give the title				program") that	at during the	e accounting	1
	period, was broadcast by a							
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gen	eral instruction	ns for furthe	er information	
	Do not use general categori		vies" or "baskel	ball." List specific program	n titles, for ex	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.		lagat liva antar	"Vaa " Othanuiga antar "I	do "			
	Column 2: If the program Column 3: Give the call s							
	Column 4: Give the broa					nsed by the	FCC or, in	
	the case of Mexican or Can						,	
	Column 5: Give the mon		when your syst	em carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv					1 - 4 4 - 4		h.,
	Column 6: State the time to the nearest five minutes.							ly
	stated as "6:00–6:30 p.m."	Example. a	program came	eu by a system nom 0.01.	15 p.m. to 0.2	.o.30 p.m. s		
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system was	s permitted to delete unde	er FCC rules a	ind regulation	ons in	
	effect on October 19, 1976.							
					WHE	EN SUBSTI	ITUTE	
	S	UBSTITUT	E PROGRAM			IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
			_					
			+					"
			+					
			+		-			
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			+					
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Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 000139
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	, 319.59
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 • 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.	\$263,800	
	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 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 \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 000139
M Channels	CHANNELS 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. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	10 24
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables (Agent of owner other than corporation or partnership) or a partner (if a partnership) of the legal entity identified as own (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)] (T the of prince of the owner is information on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) (Typed or printed name: SAB	ystem as identified
	Date: 08/18/2017	

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	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0001
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
×	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
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 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - (interest charge)	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td>-</td>	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. For further assistance please	-
x	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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Line 3 Multiply line 2 by the number of days late and enter the sum here	

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