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

STATEM	ENT OF ACCOUNT	FOR COPYRIGE	IT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	of this workbook	08/28/2017	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period				
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		iary of another corporation, give the full corpor	rate title
Owner	List any other name or names under wh	ich the owner conducts the business of the	e cable system.	
	-	e accounting period, only the owner on th fee payment covering the entire accounti	e last day of the accounting period should subr ng period.	nit a
	Check here if this is the system's first fili	ng. If not, enter the system's ID number a	ssigned by the Licensing Division.	040675
	LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	OF CABLE SYSTEM (IF DIFFERENT)		
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite	e number)		

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

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.

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

TYLER, TX 75701

(City, town, state, zip code)

ate, zip

IDENTIFICATION OF CABLE SYSTEM:

LIMON CORRECTIONAL FACILITY MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

(City, town, s

1

2

С

System

Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	040675
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 ho identified city.	ome parks should be reported in parentheses below the
		07475
First	LIMON	STATE CO
Community	(LIMON CORR)	
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							
	CEQUEL COMMUNICAT	IONS LLC							04067
-	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRI	BERS AND RA	TES				
E	In General: The information in s								
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						iose existi	ng on the	
Service: Sub-	Number of Subscribers: Both						le svstem.	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n	umber of billings	in that	t category (the	number o	persons or orga	anizations		
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny stanuai		within a p		
	Block 1: In the left-hand block				ies of seco	ondary transmiss	sion servic	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 o						Jei Seivic		
	Block 2: If your cable system	has rate categor	ies for	secondary trai	smission	service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	ind rates, in the	right-h	and block. A tv	o- or three	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBEI	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:		•						
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel		~	44.00					
	Commercial		21	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMIS	SIONS: RATE	6				
Б	In General: Space F calls for rat	•	,		•				
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		.	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				SHEU. LISI			IOTTI OF A	
							I		
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	VICE	RATE	CATEG	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res		TUTE	0/(TEO		TUTE
	• Pay cable	-		el, hotel					
	Pay cable—add'l channel	-		nmercial					
	Fire protection			cable					1
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	_		glar protection					
	Additional set(s)	- 0		services:					
	• FM radio (if separate rate)			connect		_			
	Converter			connect					
				let relocation		-			
	1		Jul	scioloulon		-			
			• 1400	/e to new addr	966	_			

	LEGAL NAME OF OWNER OF	CARLE SYSTEM		SYSTEM
ne				040
	PRIMARY TRANSMITTERS:			
ry ters: ion	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	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	<i>t</i> (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections ations carried on a abstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast). a is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
I	KDVR	31	1	DENVER, CO
I	KBDI-TV	38	E	BROOMFIELD, CO
sary	KUSA-TV	16	Ν	DENVER, CO
I	KCEC	50	I	DENVER, CO
I	KMGH-TV	17	Ν	DENVER, CO
I	KCNC-TV	35	Ν	DENVER, CO
I				
I		1		
I				

LEGAL NAME O			SLLC						SYSTEM 040
	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: Unde stem whenever it is received eived at the headend, with th opyright Office regulations o 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 se system n this po ssed by the stat	system's h n's FM an bint, see p the cable ion is lice	headend, and htenna, during hage (v) of the e system as a nsed by the F	(2) it ca certain genera separat	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitters Radio
		-	, the community with which the				0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CAL	L SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/1						FORM S	SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				5	SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					040675
					^			
	SUBSTITUTE CARRIAGE							
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT				- 3			
Special	During the accounting period				is any nonne	twork televisior	n program	
Statement and	broadcast by a distant stat	-		ourly, on a substitute bac	io, any nonne			
Program Log								NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete the	e program	
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa-				wherever pos	sible, if their m	eaning is	
	Column 1: Give the title				program") that	t during the ac	ccounting	
	period, was broadcast by a							า
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gen	eral instruction	ns for further in	formation.	
	Do not use general categori		vies" or "baskel	tball." List specific program	n titles, for ex	ample, "I Love	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 FC	CC or, in	
	the case of Mexican or Can						,	
	Column 5: Give the mon		when your syst	tem carried the substitute	program. Use	numerals, with	n the month	
	first. Example: for May 7 giv					1 :		
	Column 6: State the time to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	Example. a	program came		15 p.m. to 0.2	0.30 p.m. shou	nu be	
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our system wa	s required	
	to delete under FCC rules a							ı
	was substituted for program	ming that y	our system was	s permitted to delete unde	er FCC rules a	ind regulations	in	
	effect on October 19, 1976.							
					WHE	EN SUBSTITU	ITE	
	S	UBSTITUT	E PROGRAM	l		IAGE OCCUR		. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME	ES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						··		
			+					
			†		-			
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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	S	40675 YSTEM ID# 040675
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 trans (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 servic s amount, see	e 5,386.98
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	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 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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance 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		11(5)

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 040675
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	6111111111111
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	<mark>(903) 579-3121</mark>
	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 I	B; or
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s 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 is not a corporation). 	
	 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)] 	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	-
	Typed or printed name: SABRINA WARR	
	Title: VICE PRESIDENT OF ACCOUNTING (Title of official position held in corporation or partnership)	
	Date: 08/18/2017	

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

AUMEL COMMUNICATIONS LLC Oddo SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The statellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: Image: Comparison of the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers exclusing secondary transmissions pursuant to section 111. ¹ P Special Statement concerning Gross receiving secondary transmissions pursuant to section 119. ¹ Special Statement concerning Gross receiving secondary transmissions pursuant to section 119. ¹ P For more information on when to exclude these amounts, see the note on page (vii) of the general instructions coated in the paper SA1-2 form. Special Statement concerning Gross receipts for secondary transmissions Image: I	unting Period: 2017/1	FORM SA1-2E. PAG
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Salalite home Viewer Act of 1986 amended Tille 17, section 111(0)(1)(A), of the Copyright Act by adding the following animetrice:	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
The Satellite Home Vewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence. The 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 sub- concerning grow reaction 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? We N YES. Enter the total here and list the satellite carrier(s) below. Name Mating Address Name Mating Address 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 paper SA1-2 form. Line 2 Multiply line 1 by the interest rate ⁴ and enter the sum here . 1 Name Line 2 Multiply line 1 by the interest rate ⁴ and enter the sum here . 1 Name 1 Name	QUEL COMMUNICATIONS LLC	0406
Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment Line 1 Enter the amount of late payment or underpayment	 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statemer Concerning Gros Receipts Exclusio
Mailing Address Mailing Address Image: Comparison of the second sec		-
You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of Comparison of Comparison of Comparison of Comparison of Comparison of Interest assessment, and comparison of Interest assessment, and		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of Comparison of Comparison of Comparison of Comparison of Comparison of Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of		
Line 1 Line 2 Multiply line 1 by the interest rate* and enter the sum here	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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	Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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 <u>\$</u>		-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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. ** 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. Owner Address ID number First community served	x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
** 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. Owner Address ID number First community served	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 \$	-
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.	Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Owner Address ID number First community served	Line 3 Multiply line 2 by the number of days late and enter the sum here - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - <td>-</td>	-
Address ID number First community served	x	
ID number First community served	x	
First community served	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 - - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - <td></td>	
First community served	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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