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
STATEME	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instru	ems (Short Form) ctions 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	Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
	2017	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent of		liary of another corporation, give the full corp	porate title
Owner	List any other name or names under which	ch the owner conducts the business of th	e cable system.	

		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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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	FORESTHILL, CA
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	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		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	060208
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 filin	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 Community	FORESTHILL	CA
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							I-2E. PAGE
Name	CEQUEL COMMUNICAT	TIONS LLC							06020
E	SECONDARY TRANSMISSION 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	bay cable) in sp	ace F, n	ot here. All the	facts you	state must be th			
Transmission Service: Sub-	last day of the accounting period						la avatam	brokon	
scribers and	Number of Subscribers: Both down by categories of secondar								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				ly standa		, within a b		
	Block 1: In the left-hand block	in space E, the	e form lis	sts the categor					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.		-						
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		139	35.04					
	 Service to additional set(s) 		12	0					
	• FM radio (if separate rate)								
	Motel, hotel			07.00					
	Commercial		2	37.20					
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	6				
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 ur		usually	billed. If any ra	tes are ch	arged on a varia	ble per-pr	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		ne cable	system for ea	ch of the a	annlicable servic	os listod		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	e was m	ade or establis					
	brief (two- or three-word) descrip	otion and includ	e the ra	te for each.					
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services: Pay cable			tion: Non-resi	dential				
	• Pay cable—add'l channel	17.00 19.00		el, hotel nmercial					
	Fire protection	19.00		cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	40.00		glar protection					
	Additional set(s)			ervices:					
						40.00			
	• FM radio (if separate rate)		• Rec	onnect		40.00			
				onnect connect		40.00			
	• FM radio (if separate rate)		• Disc			25.00			

				CVCTEN I
Name				SYSTEM IE 06020
	CEQUEL COMMUNIC			00020
G Primary Devision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part ne carriage of certain network prog (1(e)(2) and (4))]; and (2) certain st 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 instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form.	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other tions. BPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRA-TV	35	Ν	SACRAMENTO, CA
				·
	KMAX-TV	21	Ι	SACRAMENTO, CA
Necessary	KMAX-TV KOVR	21 25	l N	
ecessary			INI	SACRAMENTO, CA
Vecessary	KOVR	25	I N I I	SACRAMENTO, CA STOCKTON, CA
lecessary	KOVR KQCA	25 46	 N 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA
lecessary	KOVR KQCA KTFK-DT	25 46 26	I N I I I I	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA
ecessary	KOVR KQCA KTFK-DT KTXL	25 46 26 40	 N 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA MODESTO, CA
ecessary	KOVR KQCA KTFK-DT KTXL KUVS-TV	25 46 26 40 18	 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA
: Necessary	KOVR KQCA KTFK-DT KTXL KUVS-TV KVIE	25 46 26 40 18 9	 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA MODESTO, CA SACRAMENTO, CA
s Necessary	KOVR KQCA KTFK-DT KTXL KUVS-TV KVIE	25 46 26 40 18 9	 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA MODESTO, CA SACRAMENTO, CA
is Necessary	KOVR KQCA KTFK-DT KTXL KUVS-TV KVIE	25 46 26 40 18 9	 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA MODESTO, CA SACRAMENTO, CA
Necessary	KOVR KQCA KTFK-DT KTXL KUVS-TV KVIE	25 46 26 40 18 9	 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA MODESTO, CA SACRAMENTO, CA
5 Necessary	KOVR KQCA KTFK-DT KTXL KUVS-TV KVIE	25 46 26 40 18 9	 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA MODESTO, CA SACRAMENTO, CA
s Necessary	KOVR KQCA KTFK-DT KTXL KUVS-TV KVIE	25 46 26 40 18 9	 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA MODESTO, CA SACRAMENTO, CA
s Necessary	KOVR KQCA KTFK-DT KTXL KUVS-TV KVIE	25 46 26 40 18 9	 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA MODESTO, CA SACRAMENTO, CA
as Necessary	KOVR KQCA KTFK-DT KTXL KUVS-TV KVIE	25 46 26 40 18 9	 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA MODESTO, CA SACRAMENTO, CA
as Necessary	KOVR KQCA KTFK-DT KTXL KUVS-TV KVIE	25 46 26 40 18 9	 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA MODESTO, CA SACRAMENTO, CA
IS Necessary	KOVR KQCA KTFK-DT KTXL KUVS-TV KVIE	25 46 26 40 18 9	 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA MODESTO, CA SACRAMENTO, CA
is Necessary	KOVR KQCA KTFK-DT KTXL KUVS-TV KVIE	25 46 26 40 18 9	 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA MODESTO, CA SACRAMENTO, CA
as Necessary	KOVR KQCA KTFK-DT KTXL KUVS-TV KVIE	25 46 26 40 18 9	 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA MODESTO, CA SACRAMENTO, CA
as Necessary	KOVR KQCA KTFK-DT KTXL KUVS-TV KVIE	25 46 26 40 18 9	 	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA MODESTO, CA SACRAMENTO, CA

CEQUEL CO	F OWNER OF							SYSTEM 060
	t every radio s	station c) arried on a separate and dis enerally receivable by your ca					н
eccivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to ormation abou rm. dentify the call state whether the radio state this by placing Sive the station	y the sy be rece ut the C I sign of the stati tion's sig g a chec n's locat	III-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 proces ck mark in the "S/D" column. tion (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	
					1	t	1	
	·							

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					060208
	SUBSTITUTE CARRIAGE				G			
	In General: In space I, identi				•	ion that you	r cable svete	m carried on a
•	substitute basis during the ad							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special	• During the accounting peri	od, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	sion program	1 <u> </u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Program Log	-		wast of this was	a blank. If your analysis is i	·//		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	· meaning is	
	clear. If you need more space				wherever poo		incuring io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg	gulations, o es like "mo	r authorizations	 See page (v) of the gene thall " List specific program 	eral instruction	ns for furthe	r informatior	1.
	"NBA Basketball: 76ers vs.			toall. Elst speeline program			VC LUCY OF	
	Column 2: If the program	n was broad		"Yes." Otherwise enter "N				
				sting the substitute progra			500 in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv		5 5	·	Ū			
				gram was carried by your of				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sr	nould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	IAGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM -	IMES — TO	DELETION
		100 01 110						
			+					
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1			1					

Accounting Period:	2017/1	FORM SA	A1-2E. PAGE 6.
Name		S	YSTEM ID#
	CEQUEL COMMUNICATIONS LLC		060208
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 3,599.75
	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		hts!

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 060208
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	9 21
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 sin 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 own in line 1 of space B. 1 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)]	; or ystem as identified
	Date: 08/18/2017	

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unting Period: 2017/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06020
 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 YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address Mailing Address	-
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
x 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 \$	
x days 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	
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 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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 x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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