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

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
08/28/2017	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20171 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title 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)
_	INICTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		LECOMPTE, LA
		MAILING ADDRESS OF CABLE SYSTEM:
	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.

Accounting Period:	2017/1	FORM SA1-2E. PAGE 1b.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	CEQUEL COMMUNICATIONS LLC	000915								
	Instructions: List each separate community served by the cable system. A "communi									
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the									
Served	identified city.									
	CITY OR TOWN	STATE								
First	LECOMPTE	LA								
Community	CHENEYVILLE	LA								
•	FOREST HILL	LA								
	GLENMORA	LA								
Add Rows as Necessary										
	KOLIN	LA								
	MCNARY	LA								
	RAPIDES PARISH (PORTION)	LA								
	WOODWORTH	LA								

Accounting Period: 2017/1 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 000915

# E

#### Secondary **Transmission** Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**CEQUEL COMMUNICATIONS LLC** 

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	819	28.45				
<ul> <li>Service to additional set(s)</li> </ul>	1,172	0				
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial	19	34.08				
Converter						
<ul> <li>Residential</li> </ul>						
<ul> <li>Non-residential</li> </ul>						

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	17.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
<ul> <li>First set</li> </ul>	40.00	Burglar protection			
<ul><li>Additional set(s)</li></ul>		Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	40.00		

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 000915

# PRIMARY TRANSMITTERS: TELEVISION

G

#### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections

76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KALB-NBC HD	35	N-M	ALEXANDRIA, LA
KALB-CW	35	I-M	ALEXANDRIA, LA
KALB-DT	35	N-M	ALEXANDRIA, LA
KALB-CBS HD	35	N-M	ALEXANDRIA, LA
KALB-TV	35	N	ALEXANDRIA, LA
KBCA	41	1	ALEXANDRIA, LA
KLAX-TV	31	N	ALEXANDRIA, LA
KLAX-HD	31	N-M	ALEXANDRIA, LA
KLAX-METV	31	I-M	ALEXANDRIA, LA
KLPA-HD2	26	E-M	ALEXANDRIA, LA
KLPA-HD3	26	E-M	ALEXANDRIA, LA
KLPA-HD	26	E-M	ALEXANDRIA, LA
KLPA-TV	26	E	ALEXANDRIA, LA
WNTZ-TV	49	l	NATCHEZ, MS
WNTZ-HD	49	I-M	NATCHEZ, MS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 000915

### **CEQUEL COMMUNICATIONS LLC**

#### 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

Primary Transmitters: Radio

all-band basis whose signals were generally receivable by your cable system during the accounting period.

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected

receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION OF								
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Accounting Perio							FOR	M SA1-2E. PAGE 5.			
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS LI	_C					000915			
	SUBSTITUTE CARRIAGE	- SPECIA	I STATEMEN	NT AND PROGRAM I C	)G						
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:											
Special	During the accounting periods	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork televis	sion progran	1 <u> </u>			
Statement and Program Log	broadcast by a distant stat	tion?					YES	X NO			
r rogram Log	<b>Note:</b> If your answer is "No"	' leave the	rest of this pag	e blank If your answer is	"Yes " you mu	ıst complete	_	_			
	log in block 2.	,	. cot or time pag	o siailii ii yoal allonoi lo	. 00, you		o and 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 add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in										
	effect on October 19, 1976.										
					WHEN SUBSTITUTE						
	S		E PROGRAM					7. REASON FOR DELETION			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. 1 FROM	ΓIMES — TO	BELLTION			
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ccounting Period:	LEGAL NAME OF OWNER OF CABLE	SYSTEM:					YSTEM II			
Name	CEQUEL COMMUNICATI						00091			
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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 comp					(Amount of gro	•			
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the ro Complete block 1, block 2, or Use block 1 if the amount of gr Use block 2 if the amount of gr Use block 3 if the amount of gr See page (vi) of the general instru	block 3. ross receipts in space K is \$ ross receipts in space K is n ross receipts in space K is n ross receipts in space K is n	nore than \$137,100 nore than \$263,800	but less t	han \$527,600	\$263,800				
		BLOCK 1: GROSS RE	ECEIPTS OF \$137	7,100 OR	LESS					
	Instructions: As a cable system accounting period is \$52.00	with gross receipts of \$137,10	00 or less, the royalt	y fee that y	ou must pay for	this six-month				
	Line 1. Royalty fee for accounting	a period								
	Line 2. Interest charge. Enter the						0.00			
	Line 2. Interest Charge. Enter ti	ie amount nom line 4, space (	Q, page o				0.00			
	Line 3. TOTAL ROYALTY FEE									
		2: GROSS RECEIPTS OF	· · · · · · · · · · · · · · · · · · ·	,		100)				
	Base amount under statutory		_			-				
	2. Enter amount of gross receipt	·	-		•	-				
	3. Subtract line 2 from line 1		_							
	<ul><li>4. Enter the amount of gross red</li><li>5. Enter the amount from line 3</li></ul>					82,279.40				
	6. Subtract line 5 from line 4					99,241.20				
	7. Multiply line 6 by .005 (enter f						496.21			
	8. Interest charge. Enter the an						0.00			
	9. TOTAL ROYALTY FEE PAY	ABLE FOR ACCOUNTING P	ERIOD. Add lines 7	and 8		\$	496.21			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)									
	4 Fatantha anaont of mara	orienta finanza ana ara M								
	<ol> <li>Enter the amount of gross rec</li> <li>Base amount under statutory</li> </ol>		-			-				
	Subtract line 2 from line 1		_		263,800.00	-				
	4. Multiply line 3 by .01		-			-				
	5. Royalty due on the first \$263,					1,319.00				
	6. Interest charge. Enter the am									
	7. TOTAL ROYALTY FEE PAY									
		FILING FEE AND TOTAL F	REMITTANCE DU	<u> E</u>						
Filing Fee and Fotal Remittance	Royalty Fee Payable for Acco	ounting Period (from Block 1, 2	2, or 3, above)		\$	496.21				
Due	2. Filing Fee (See the instruction	ns for more information on filir	ng fee calculations).		\$	20.00				
	0. TOTAL AMOUNT DUE 50D	ACCOUNTING PERIOD A	11 Page 0 ag 10			•	E46 04			
	3. TOTAL AMOUNT DUE FOR	ACCOUNTING PERIOD. Ad	ia lines 2 and 3			\$	516.21			
		ance must be in the form of i of the general instruction			_		hts!			

Accounting Period:	2017/1							FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT							SYSTEM ID 00091
M Channels	CHANNELS Instructions: You must giv to its subscribers, and (2) th  1. Enter the total number of system carried television if 2. Enter the total number of on which the cable system	ne cable system's to f channels on which broadcast stations.	total numb	ber of activated	channels during th	ne accounting period.	t stations	15
	and nonbroadcast service	s						124
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s	tatement of accoun		DRMATION IS	NEEDED (Identify a			
for Further Information	Name SARAH	I BOGUE				Te	elephone (9	03) 579-3121
	(Number, si	SE LOOP 323 treet, rural route, apartin , TX 75701 state, zip)		ite number)				
	Email	SARAH.BOGUE	E@ALTI	CEUSA.COM		Fax (optional)		
O Certification	(Agent of owner of in line 1 of spa	certify that (Check on an corporation or particle B and that the over) I am an officer (if ace B.  ent of account and hact to the best of my I ace)	ne, but on artnership attion or pa wner is no f a corpora hereby de knowledg	p) I am the own artnership) I am ot a corporation ation) or a partner eclare under per ge, information,	er of the cable system the duly authorized or partnership; or er (if a partnership) halty of law that all stand belief, and are read warr	em as identified in line 1 of agent of the owner of the of the legal entity identificatements of fact contained in good faith.	of space B; of spa	em as identified
		Typed or printed	I name:	SABRINA PRESIDEN				

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 telephon 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 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

ccounting Period: 2017/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	000915
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	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?  X NO  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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late 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	
* 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 Accounting period	

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