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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	02/27/2018	ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
• I			

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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.
		T
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Orwell Cable Television Co
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Consolidated Communications
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		121 S 17th Street (Number, street, rural route, apartment, or suite number)
		Mattoon, IL 61938
	INSTR	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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Orwell Cable Television Co	29330
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil	communities within unincorporated areas and including single, a list will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	Orwell	OH
Community	Windsor	OH
	North Bloomfield Rome	<u>ОН</u> ОН
Add Rows as Necessary	Colebrook	ОН

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	-2E. PAGE
Name	Orwell Cable Television							515	2933
		00							
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular servi-	pace E should on of television ay cable) in sp (June 30 or D b blocks in spar transmission umber of billing ice at the rate	cover all and radio ace F, no ecember ce E call service. I gs in that indicated	categories of se o broadcasts by ot here. All the fi 31, as the case for the number n general, you category (the number 	econdary your system acts you may be of subsc can com umber of er of sets	stem to subscrit state must be t ). ribers to the cat pute the numbe f persons or org s receiving serv	bers. Give i hose existin ble system, r of subscri anizations ice).	nformation ng on the broken ibers in charged	
	Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc <b>Block 1:</b> In the left-hand block systems most commonly provide	. (Example: "\$2 ounts allowed in space E, the to their subsc	20/mth"). for advan e form list ribers. Gi	Summarize any ice payment. ts the categorie ve the number of	standar s of seco of subsc	d rate variations ondary transmis ribers and rate t	s within a p sion service for each list	articular rate e that cable ted category	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted o <b>Block 2:</b> If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to nce again und nas rate catego ers of services	nted as a additional er "Servic ories for s s that inclu	subscriber in ea sets would be be to additional secondary trans ude one or more	ach appl included set(s)." mission e second	icable category. in the count un service that are lary transmissio	Example: der "Servic different frons), list the	a residential e to the om those m, together	
	BLC	DCK 1 NO. OF	·				BLOCK	2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		446	59.45					
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) inform that are n ns: you d nished to usually b he cable stem furni je was ma	nation with resp ot offered in co o not need to g nonsubscribers illed. If any rate system for each shed or offered ade or establish	mbinatio ive rate i . Rate in s are ch a of the a during t	n with any secon nformation cond formation shoul arged on a varia applicable servio he accounting p	ndary trans cerning (1) d include b able per-pro ces listed. period that y	smission services oth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		DRY OF SERVI ion: Non-resid		RATE	CATEGO	DRY OF SERVICE	RAT
	Pay cable			l, hotel	entiur		нво		16.
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Com	mercial			Showti	me	14.
	Fire protection		• Pay				Showti	me + HBO	30.
	•Burglar protection		· ·	cable-add'l chai	nnel				
	Installation: Residential • First set	75.00		protection lar protection					
	Additional set(s)	75.00 15.00	• Burg Other se	•					
	• FM radio (if separate rate)			onnect		30.00			
			Diag						1
	Converter		• Disco	onnect					

ounting Period: 2	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM ID#
	Orwell Cable Televisi	on Co		29330
<b>G</b> Primary Fransmitters:	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6	TELEVISION entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	t (1) stations carried only on a part-til he carriage of certain network progra	ime basis under Ims [sections
Television	Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic 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	With respect to any distant stations caules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. 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	he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructio program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i	Log)—if the p on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WKYC (NBC)	3	N	Cleveland, OH
	WUAB (IND)	4	I	Cleveland, OH
ws as Necessary	KJKW (FOX)	8	I	Cleveland, OH
	WEWS (ABC)	10	N	Cleveland, OH
	WOIO (CBS)	18	N	Cleveland, OH
	WFMJ (NBC)	21	Ν	Youngstown, OH

EGAL NAME O			(SIEM:					SYSTEM I 293
	st every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed information column 1: In Column 2: S Column 3: In ignal, indicate Column 4: C	) it is carried b monitoring, to formation abou- orm. dentify the cal State whether f the radio stat this by placing Give the station	y the sys be recein at the Co l sign of the station g a chec n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	+							
	+	+						
	+							
	+	+						
	+							
	+							
	+	+						
							t	

Accounting Perio	od: 2017/2					FC	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Orwell Cable Televisio	n Co					29330
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	G		
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	fy <i>every noi</i> ccounting pe	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stat CC rules, regul	ations, or authorization	s. For a further
Carriage:	1. SPECIAL STATEMEN				o gonoral mot		
Special	During the accounting per				is any nonne	twork television progra	am
Statement and	broadcast by a distant star	•	r cable system	carry, on a substitute bas	is, any nonne		×NO
Program Log	, ,					YES	
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete the progr	am
	log in block 2.						
	period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. <b>Column 2</b> : If the program <b>Column 3</b> : Give the call <b>Column 4</b> : Give the broat the case of Mexican or Can <b>Column 5</b> : Give the mon first. Example: for May 7 giv <b>Column 6</b> : State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every no distant stati gulations, o ies like "mo Bulls." n was broad sign of the s idcast static adian static th and day re "5/7." es when the Example: a er "R" if the ind regulatio ming that y	Im on a separa add additional I nnetwork telev ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro program carrie listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra be community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	program") that d for the prog eral instruction n titles, for exa No." station is lice station is ider program. Use cable system. 15 p.m. to 6:2 amming that y ; enter the let	t, during the accountir ramming of another st ns for further informati ample, "I Love Lucy" of nsed by the FCC or, in tified). I List the times accurat 8:30 p.m. should be our system was <i>requi</i> ter "P" if the listed pro	ng iation on. ir n onth tely <i>red</i>
			E PROGRAM	1		EN SUBSTITUTE	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. TIMES FROM — TO	DELETION
						_	
						_	
					-		
					-		
						_	
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						_	
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					-		
						_	
1		1	1		-	1	

ccounting Period:	-	IAME OF O	WNER OF CA	ABLE SYS	STEM:											A1-2E. PAG
Name	Orwe	II Cable	Televisi	ion Co	,											293
<b>K</b> Gross Receipts	Instrue all amo (as ide page (\ Gi	ounts (gro ntified in vii) of the ross rece	he figure y oss receipt space E) o general in ipts from s	ts) paid during t nstructio subscrib	to your the acco ons loca oers for	r cable s ounting p ated in th seconda	system period. he pape ary trar	by sub For a f er SA1 nsmissi	scribers urther e 2 form. on serv	for the explana ice(s)	e system tion of h	i's seco low to c	ondary tran compute th	nsmission nis amoun	servic	e
			accounting /ou must c											\$ (Amou		6,224.99
L Copyright Royalty Fee	COPYRI Instructi • Comple • Use ble • Use ble • Use ble	GHT RO ons: To d ete block bock 1 if th bock 2 if th bock 3 if th	PYALTY F compute th 1, block 2 ne amount ne amount ne amount ne amount e general ir	FEE he royal 2, <i>or</i> blo c of gros c of gros c of gros	lty fee y ock 3. ss receij ss receij ss receij	you owe: pts in sp pts in sp pts in sp	: bace K i bace K i bace K i	is \$137 is more	7,100 or e than \$ e than \$	less 137,10 263,80	0 but les 0 but les	ss than			0	
					BLO	CK 1: G	ROSS	RECE	EIPTS C	DF \$13	7,100 C	OR LES	S			
			a cable sys d is \$52.00		h gross	receipts	of \$13	7,100 o	r less, th	ne roya	ty fee th	at you r	nust pay fo	or this six-r	nonth	
		•	ee for acco		n n ni n d											
		, ,		01												
	Line 2.	Interest c	harge. En	ter the a	amount	from line	94, spa	ce Q, p	age 8.							0.00
	Line 3.	TOTAL R	OYALTY	FEE PA	YABLE	E FOR A	ccour	NTING	PERIOD	Add I	nes 1 ar	nd 2				
			BLO	CK 2: 0	GROS	S RECE	EIPTS (	OF \$20	63,800	OR LE	SS (but	more	than \$13	7,100)		
	1. Base	amount	under statu	utory for	mula						\$	26	3,800.00	<u>)</u>		
	2. Ente	r amount	of gross re	ceipts fr	rom spa	ace K					\$	16	6,224.99	<u>)                                    </u>		
	3. Subt	ract line 2	from line	1							\$	9	7,575.01	_		
	4. Ente	r the amo	unt of gros	s receip	ots from	ı space K	(					\$		166,224	.99	
	5. Ente	r the amo	unt from lir	ne 3								\$		97,575	.01	
	6. Subt	ract line 5	from line	4								\$		68,649	.98	
	7. Multi	ply line 6	by .005 (ei	nter figu	ire here	*)								\$		343.25
	8. Inter	est charge	e. Enter th	ie amou	Int from	line 4, sr	pace Q	, page	8					·		0.00
	9. <b>TOT</b>	AL ROYA	LTY FEE	PAYAB	ILE FO	R ACCO	UNTIN	G PER	OD. Add	d lines	7 and 8 .			. \$		343.25
			BLOC	CK 3: G	ROSS	RECEI	PTS O	F Mor	RE THA	N \$26	3,800 (t	out less	s than \$52	27,600)		
	1. Ente	r the amo	unt of gros	ss receir	ots from	i space K	(									
			under statu										3,800.00			
			from line										,			
			by .01													
			n the first \$											1,319	.00	
		-	e. Enter th		-				-						.00	
			LTY FEE													
	7.101											0		· ·		
				FIL	ING FE	EE AND	) TOTA	AL REM	<b>AITTAN</b>	ICE DI	JE					
Filing Fee and	1. Rove	alty Fee P	ayable for	Accoun	itina Pei	riod (fron	n Block	1.2 0	3, ahov	e).		\$		343	.25	
Total Remittance Due	9	-	-		-											
	2. Filing	g ⊢ee (Se	e the instru	uctions f	or more	e informa	ition on	tiling fe	e calcul	ations)		\$		20	.00	
	3. ТОТ	AL AMOU	JNT DUE F	FOR AC	COUN.	TING PE	RIOD.	Add li	nes 2 aı	nd 3				\$		363.25
	1		t: Your re													1-4-1

Nome	EGAL NAME OF OW Orwell Cable Tel	VNER OF CABLE SYSTEM: levision Co				SYSTEM ID# 29330
M Channels	to its subscribers, a 1. Enter the total n system carried te 2. Enter the total n on which the cab	and (2) the cable system's to	otal number the cable 		counting period.	ns 7 7 35
		BE CONTACTED IF FURTHI out this statement of accoun		IATION IS NEEDED (Identify an inc	lividual to whom	
for Further Information	Name	Jana Manterola			Telepho	ne <b>509-962-0272</b>
	(	305 N Ruby Street Number, street, rural route, apartn Ellensburg, WA 9892 (City, town, state, zip)		number)		
	Email	jmanterola@fair	rpoint.com		Fax (optional) 509-933-	7453
O Certification	<ul> <li>I, the undersigned,</li> <li>(Owner of in line)</li> <li>X</li> <li>(Officer in line)</li> <li>I have examined the second secon</li></ul>	, hereby certify that (Check on other than corporation or particle of owner other than corporation or partner) I am an officer (if the 1 of space B and that the owner or partner) I am an officer (if the 1 of space B. Tool (1986)] Typed or printed Title: (Title of of	artnership) I artnership) I tion or partn wner is not a f a corporation hereby declar knowledge, ir Enter an elev Enter signation name: Vice Pre	ed and signed in accordance with C one, of the boxes.) I am the owner of the cable system as nership) I am the duly authorized age I corporation or partnership; or on) or a partner (if a partnership) of the re under penalty of law that all statem information, and belief, and are made (s/ Mike Shultz ectronic signature on the line above to o ture using an "/s/ signature" (e.g., /s/ J Mike Shultz estident Legislative and Reg held in corporation or partnership)	identified in line 1 of space nt of the owner of the cable e legal entity identified as o ents of fact contained here in good faith.	e B; or e system as identified wner of the cable system
		Date:			02/27/2018	

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unting Period: 2017/2		FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
ell Cable Television Co		2933
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copy lowing sentence: <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the or service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmissions For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners? X NO XES. Enter the total home and list the actallite carrier(a) below:</li></ul>	yright Act by adding the fol- cable system for the basic s system shall not include sub- s pursuant to section 119." general instructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a lat	te payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions locate		Q
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment		Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
	ed in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ad in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment         Line 2 Multiply line 1 by the interest rate* and enter the sum here	ad in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ad in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	xdays x 0.00274 \$(interest charge)	Q Interest Assessme
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	ad in the paper SA1-2 form.	Q Interest Assessme
<ul> <li>Line 1 Enter the amount of late payment or underpayment .</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here .</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum here .</li> <li>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 .</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day</li> </ul>	ad in the paper SA1-2 form.	Q Interest Assessme
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	x	Q Interest Assessme
<ul> <li>Line 1 Enter the amount of late payment or underpayment .</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here .</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum here .</li> <li>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 .</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day NOTE: If you are filing this worksheet covering a statement of account already submitted to</li> </ul>	x	Q Interest Assessme
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum here</li> <li>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</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day</li> <li>NOTE: If you are filing this worksheet covering a statement of account already submitted to list below the owner, address, first community served, ID number, and accounting period a</li> </ul>	x	Q Interest Assessme
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	x	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme

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