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 FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 2/28/2018 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACC	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		
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
		Zito Alabama LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665 (Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		Zito Media - Thorsby
		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 filing, a determination that would be made by a court of law.

Name		SYSTEM ID#
	Zito Alabama LLC	37096
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil- identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Thorsby	AL
Community	Jemison	AL
	Chilton County	AL
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	-2E. PAGE
Name	Zito Alabama LLC								3709
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Bott down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted of Block 2: If your cable system	pace E should on on of television ay cable) in space (June 30 or De blocks in space (transmission sumber of billing- ice at the rate in harged for each (Example: "\$2 ounts allowed f in space E, the sto their subscr Where an ind should be coun ble service to a once again under has rate catego	cover al and rad ace F, n ecembe e E call service. s in that ndicated n catego 0/mth"). for adva e form list ibers. C ibers. C ibers. C ibidationa er "Serv ries for	Il categories of lio broadcasts not here. All the r 31, as the ca l for the number ln general, yo t category (the d—not the num- ory of service. . Summarize a ince payment. sts the categor Give the number or organization a subscriber in al sets would b ice to additional secondary trai	secondar, by your sy a facts you se may be r of subsc u can com number of ber of set nclude bo ny standar ies of seco r of subsc is receivi each appl e included al set(s)."	stem to subscrit state must be the ribers to the cate pute the number f persons or org s receiving servit th the amount or rd rate variations ondary transmis ribers and rate fing service that fi icable category. I in the count un service that are	bers. Give hose exist of subscr anizations ice). f the charg s within a p sion service or each lis alls under Example: der "Service different fi	information ing on the , broken ibers in charged ge and the particular rate we that cable ted category different a residential ce to the rom those	
	printed in block 1 (for example, t with the number of subscribers a sufficient.								
	BL	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		44	21.11					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur 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 brief (two- or three-word) descrip	e (not subscribe hose services the two exception or facilities furni- it in which it is rate column. e charged by the your cable sys separate charged	er) infor hat are ished to usually he cable tem furr e was m	mation with re not offered in of do not need to p nonsubscribe billed. If any ra e system for ea nished or offer- nade or establi	spect to al combinatio give rate rs. Rate in tes are ch ch of the a ed during f	n with any seco information cond formation shoul arged on a varia applicable servic the accounting p	ndary tran cerning (1) d include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLOC						BLOCK 2	
		RATE	CATEG	GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	CATEGORY OF SERVICE		line t - P						
	Continuing Services:			ation: Non-res	Idential				
	Continuing Services: • Pay cable		• Mot	tel, hotel	Idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Mot • Cor	tel, hotel mmercial	Idential				
	Continuing Services: • Pay cable		• Mot • Cor • Pay	tel, hotel					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mot • Cor • Pay • Pay	tel, hotel mmercial / cable					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection		• Mot • Cor • Pay • Pay • Fire	iel, hotel mmercial / cable / cable-add'l ch					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	17.50 50.00	• Mot • Cor • Pay • Pay • Fire • Bur	tel, hotel mmercial / cable / cable-add'l ch e protection					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	17.50 50.00	• Mot • Cor • Pay • Pay • Fire • Bun Other s	tel, hotel mmercial v cable v cable-add'l ch protection glar protection services: connect		30.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	17.50 50.00	• Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	tel, hotel mmercial / cable / cable-add'l ch protection glar protection services:		30.00			

nting Period: 2	-			FORM SA1-2E. PAGE 3
ame	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 37096
	Zito Alabama LLC PRIMARY TRANSMITTERS:			0,000
G mary mitters: vision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel 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 location	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.63 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: a in space G—but do list it in space I (if a substitute basis. also in space I, if the station was carried in concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-th he form. al number the FCC assigned to the tell RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a subst the Special Statement and Program Low ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a re (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WVUA	7.1	I	Tuscaloosa AL
	WAIQ	26	Ε	Montgomery AL
lecessary	WVTM	13.1	Ν	Birmingham AL
	WABM	68.1	I	Birmingham AL
	WBRC	6.1	Ν	Birmingham AL
	WIAT	42.1	Ν	Birmingham AL
	wтто	21.1	I	Birmingham AL
	WSES	33.1	I	Tuscaloosa AL

Accounting P							FORM	I SA1-2E. PAGE
		CABLE SY	/STEM:					SYSTEM I
Zito Alabama	a LLC							370
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of if or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing	y the sys be recein at the Co l sign of e the static ion's sign g a check	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Alabama LLC							37096
	SUBSTITUTE CARRIAGE							
I I								
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				s general mou			2 101111.
Special						hunder folge dat		
Statement and	During the accounting peri-		r cable system	carry, on a substitute basi	s, any nonne	work televisi	on program	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete	the progran	n
	log in block 2.		1 0	, ,			1 0	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is	
	clear. If you need more spa					-	0	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute	orogram") tha	t, during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							l.
	"NBA Basketball: 76ers vs.		vies of baske	Iball. List specific program		ampie, i Lov	e Lucy OI	
			lcast live, enter	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			FCC or, in	
	the case of Mexican or Can							46
	first. Example: for May 7 giv		when your syst	tem carried the substitute	program. Use	numerais, w	ith the mon	tn
	, , , ,		substitute pro	gram was carried by your	cable system	List the time	s accuratel	v
	to the nearest five minutes.							y
	stated as "6:00–6:30 p.m."			, ,	•	·		
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulation	is in	
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. TII FROM –	MES - TO	DELETION
		Yes or No	CALL SIGN	4. STATION S LOCATION	AND DAY	FROM -	- 10	
							-	
						_	-	
						_		
							-	
						_	_	
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							-	
						*		

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Alabama LLC	S	YSTEM ID# 37096
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I 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 the 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.	smission servic is amount, see	of e 3,178.30
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)		02.00
	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 \$52	7,600)	
	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 informa		hts!

Accounting Period:	2017/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Zito Alabam	OF OWNER OF CABLE SYSTEM:		SYSTEM ID# 37096
M Channels	 to its subscrib 1. Enter the to system carr 2. Enter the to on which the 	bers, and (2) the cable system's to otal number of channels on which ied television broadcast stations otal number of activated channel e cable system carried television	s	8
N Individual to Be Contacted	we can conta	ct about this statement of accou		044.000.0404
for Further Information	Name	Teri McMullen	reepnone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip)		
	Email	teri.mcmullen@	zitomedia.com Fax (optional)	
Certification	I, the undersi (Ov (Ag X (Of I have examinare true, comp	igned, hereby certify that (Check or vner other than corporation or p gent of owner other than corporation in line 1 of space B and that the or fficer or partner) I am an officer (in in line 1 of space B. ned the statement of account and olete, and correct to the best of my action 1001(1986)] First or printed Typed or printed Title: (Title of or	artnership) I am the owner of the cable system as identified in line 1 of space B ation or partnership) I am the duly authorized agent of the owner of the cable system is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as owner hereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith. X /s/James Rigas Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) d name: James Rigas President official position held in corporation or partnership)	rstem as identified
		Date:	02/28/2018	

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unting Period: 2017/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Alabama LLC	370
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?	P Special Statemer Concerning Gros Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
x 1%	Interest Assessme
	Interest Assessm
x 1%	Interest Assessm
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessm
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x days	Interest Assessm
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessm
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 -	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% x 1% x days 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 x 1% x 1% x days x 0.00274 x	Interest Assessm
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 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	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
x 1% 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 - x days Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ * - (interest charge) * * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. * To view the interest rate chart click on www.copyright.gov/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	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x - x - x - x - x - x - x - x - x - 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 x - (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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. <td>Interest Assessme</td>	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm

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