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))
		2017/2         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
		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
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
_	name	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 - Kuttawa
		MAILING ADDRESS OF CABLE SYSTEM:
	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 fing, a determination that would be made by a court of law.

	LECAL NAME OF OWNED OF CARLES SYSTEM	SYSTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Zito Midwest LLC	350
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 singl
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	e home parks should be reported in parentheses below the
Served	laentinea city.	
	CITY OR TOWN	STATE
First	Kuttawa	KY
Community	Lyon County	KY
	Smithland	КҮ
d Rows as Necessary	Eddyville	КҮ
	Grand Rivers	KY
	Livingston County	KY

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM II
Name	Zito Midwest LLC	ADLE STOTEIVI.						515	350
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv Rate: Give the standard rate c							io and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	ance payment.					
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note	e: Where an in	dividual	or organization	n is receivi	ng service that f	alls under	different	
	categories, that person or entity	should be cour	nted as	a subscriber in	each appl	icable category.	Example:	a residential	
	subscriber who pays extra for ca first set" and would be counted of					l in the count un	der "Servio	ce to the	
	Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, t	iers of services	s that ind	clude one or me	ore second	dary transmissio	ns), list the	em, together	
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A tv	vo- or three	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCK	< 2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Service to first set		265	16.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
F	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services	•			•		• • •		
Other Than	amount of the charge and the un		usually	billed. If any ra	ites are ch	arged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	e svstem for ea	ch of the a	applicable servic	es listed.		
Rates	Block 2: List any services that	your cable sys	stem fur	nished or offere	ed during t	the accounting p	eriod that		
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	vices in the	form of a	
							1		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RA
	Continuing Services:			ation: Non-res		INATE	CAILO	ORT OF SERVICE	
	• Pay cable	17.50	• Mo	tel, hotel					
	• Pay cable—add'l channel		• Co	mmercial					
			• Pay	y cable					
	Fire protection				annel				
	•Burglar protection			y cable-add'l ch	annei				
	•Burglar protection Installation: Residential	_	• Fire	e protection					
	•Burglar protection Installation: Residential • First set	50.00	• Fire • Bur	e protection rglar protection					
	•Burglar protection Installation: Residential • First set • Additional set(s)	50.00	• Fire • Bur Other	e protection rglar protection services:		30.00			
	<ul> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	50.00	• Fire • Bur • <b>Other</b> : • Ree	e protection rglar protection <b>services:</b> connect		30.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)	50.00	• Fire • Bur • Bur • Ree • Dis	e protection rglar protection services:		30.00			

				OVOTEN
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM 350
	Zito Midwest LLC			
	PRIMARY TRANSMITTERS:			
G		entify every television station (including m during the accounting period, <i>excep</i>		
<b>-</b> ·	FCC rules and regulations i	in effect on June 24, 1981, permitting t	the carriage of certain network progra	ims [sections
Primary Transmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain stat	ions carried on a
Television	Substitute Basis Stations	: With respect to any distant stations c	arried by your cable system on a sub	ostitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (1	the Special Statement and Program I	_oa)—if the
	station was carried only on	a substitute basis.		-
		also in space I, if the station was carrie on concerning substitute basis stations		
	Column 1: List each station	n's call sign. <i>Do not</i> report origination	program services such as HBO, ESP	N, etc. Identify each
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-th the form.	e-air designation. For example, repo	rt multistream
	Column 2: Give the channed	el number the FCC assigned to the tele	evision station for broadcasting over	the air in its community
		'RC is channel 4 in Washington, D.C. a case whether the station is a network	station an independent station or a	noncommercial
	educational station, by ente	ering the letter "N" (for network), "N-M"	(for network multicast), "I" (for independent	endent), "I-M"
		, "E" (for noncommercial educational),		onal multicast).
		erms, see page (iv) of the general instr n of each station. For U.S. stations, lis		is licensed by the
		dian stations, if any, give the name of t		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSIL	3.1	N	Paducah KY
	WPSD	6.1	N .	Paducah KY
	WQWQ	12.2	l	Paducah KY
	KBSI	23.1	N	Paducah KY
	WKMA	35	E	Madisonville KY
		12.1	Ν	
	KFVS	12.1	N	Cape Girardeau MO
	WDKA	49.1	l	Cape Girardeau MO Paducah KY
1 Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				
J Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				

ccounting Period:	: 2017/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Zito Midwest LLC			35018
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> 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 informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channed of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these to <b>Column 4:</b> Give the locatio	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting f e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I ( a substitute basis. also in space I, if the station was carried in concerning substitute basis stations of a call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tel 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), erms, see page (iv) of the general instr n of each station. For U.S. stations, lis	g 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 static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESPN te-air designation. For example, repor evision station for broadcasting over th a station, an independent station, or a r (for network multicast), "I" (for indepen or "E-M" (for noncommercial education uctions in the paper SA1-2 form. at the community to which the station is the community with which the station i	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

Accounting F							FORM	I SA1-2E. PAGE
		CABLE SY	/STEM:					SYSTEM I
Zito Midwes	t LLC							350
	t 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 info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the cal state whether the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of o the static cion's sign g a chech n's locati	I-Band FM Carriage: Under of the whenever it is received a ved 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen:	eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can ertain sl jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-	the community with which the		1	r		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	L	J						

Accounting Perio	od: 2017/2						FORM	A SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Midwest LLC							35018
	SUBSTITUTE CARRIAGI				<b>^</b>			
I I	In General: In space I, identi substitute basis during the a							
Cubatituta	explanation of the programm							
Substitute Carriage:					s general mat			2 101111.
Special	1. SPECIAL STATEMEN							
Statement and	<ul> <li>During the accounting per</li> </ul>	-	r cable system	carry, on a substitute basi	s, any nonne	twork televisio	n program	
Program Log	broadcast by a distant star	tion?					YES	X NO
	Note: If your answer is "No'	. leave the	rest of this pad	e blank. If vour answer is	"Yes." vou mu	ist complete th	ne program	า
	log in block 2.	,		<b>, ,</b>	, <b>,</b>	····	-   <b>J</b> -	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their m	neaning is	
	clear. If you need more spa					0.0.0,	ioug.io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categori "NBA Basketball: 76ers vs.		vies or baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy or	
			dcast live enter	r "Yes." Otherwise enter "N	lo "			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			CC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute	program. Use	numerals, wit	h the mon	th
	first. Example: for May 7 giv		substituto pro	gram was carried by your	cablo svetom	List the times	accurately	
	to the nearest five minutes.							у
	stated as "6:00–6:30 p.m."		i program oann		· • p · · · · • • • -			
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	sin	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM	I		AGE OCCUF		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM	ES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 35018
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 s amount, see	e 3,948.51
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		
	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	_	
	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 Regi See page i of the general instructions in the paper SA1-2 form for more informa		hts!

0	2017/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O	DF OWNER OF CABLE SYSTEM: st LLC	SYSTEM ID# 35018
<b>M</b> Channels	to its subscrib 1. Enter the to system carri 2. Enter the to	: You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ried television broadcast stations	7
		adcast services	90
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom act about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 814-2	260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
0	CERTIFICATIO	<b>DN</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersig	igned, hereby certify that (Check one, but only one, of the boxes.)	
	(Ow	wner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		gent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as	s identified
		in line 1 of space B and that the owner is not a corporation or partnership; or <b>fficer or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the	e cable system
		in line 1 of space B.	
	are true, comp	ined the statement of account and hereby declare under penalty of law that all statements of fact contained herein plete, and correct to the best of my knowledge, information, and belief, and are made in good faith. action 1001(1986)]	
		∧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)	
		Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	

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Inting Period: 2017/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Midwest LLC	350
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.	P Special Statemer Concerning Gros Receipts Exclusio
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	
	_
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 Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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	Interest Assessm
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here         x	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       0.00274	Interest Assessm
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       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here	Interest Assessm
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       0.00274	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
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	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       -	Interest Assessm
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	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
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm

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