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	T 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>
General instructions are located in the first tab of this workbook	2/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING 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	
		St Marys Television Inc	
		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 - St Marys	
		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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Numo	St Marys Television Inc	60152
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated condiscrete 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.	ommunities within unincorporated areas and including single,
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	City of St Marys	PA
Community	Fox Township	PA
	Jay Township	PA
dd Rows as Necessary	Ridgeway Township	PA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM.						FORM SA1	TEM IC
Name	St Marys Television Inc	ADEE OTOTEM.						010	6015
Е	SECONDARY TRANSMISSION								
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in sp	ace F, n	ot here. All the	facts you	state must be t			
Transmission	last day of the accounting period						la avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n	umber of billing	in that	category (the	number o	f persons or org	anizations		
	separately for the particular serv Rate: Give the standard rate c							a and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	nce payment.					
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	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					in the count un	der "Servio	e to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	and rates, in the	e right-ha	and block. A tw	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		2 4 6 2	47.40					
	 Service to first set Service to additional set(s) 		2,163	17.48					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS						
F	In General: Space F calls for rat	-				l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		ha aabla	avatam far aa	ab af tha a		an linted		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and includ	le the rat	te for each.			-		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	47.50		tion: Non-resi	idential				
	Pay cable Pay cable—add'l channel	17.50		el, hotel nmercial					
	• Fire protection			cable					
	•			cable-add'l ch	annel				
	 Burglar protection 				-				
	•Burglar protection Installation: Residential		• Fire	protection					
		50.00		protection glar protection					
	Installation: Residential	50.00	• Burg	•					
	Installation: Residential First set 	50.00	• Burg Other s	glar protection		30.00			
	Installation: Residential • First set • Additional set(s)	50.00	• Burç Other s • Rec	glar protection		30.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	50.00	• Burg Other s • Rec • Disc • Outl	glar protection ervices: onnect		<u> </u>			

				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID: 60152
	St Marys Television In PRIMARY TRANSMITTERS:			00132
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 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 station multicast stream associated "WETA-2" as the same on Column 2: Give the chann- 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	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	t (1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repre- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial education uctions in the paper SA1-2 form.	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial hendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WJAC	6.1	N	Johnstown PA
	WPSU	3.1	Е	
ows as Necessary	WPSU WKBS	3.1 47.1	<u>Е</u> І	State College PA Altoona PA
iws as Necessary		**************************************		State College PA
is as Necessary	WKBS	47.1	I	State College PA Altoona PA
as Necessary	WKBS WTAE	47.1 4.1	1 N	State College PA Altoona PA Pittsburgh PA
as Necessary	WKBS WTAE WATM	47.1 4.1 23	I N N	State College PA Altoona PA Pittsburgh PA Altoona PA
as Necessary	WKBS WTAE WATM WATM	47.1 4.1 23 23.1	I N N	State College PA Altoona PA Pittsburgh PA Altoona PA Altoona PA
as Necessary	WKBS WTAE WATM WATM WATM	47.1 4.1 23 23.1 23.3	I N N N I	State College PA Altoona PA Pittsburgh PA Altoona PA Altoona PA Altoona PA Altoona PA
rs as Necessary	WKBS WTAE WATM WATM WATM WWCP	47.1 4.1 23 23.1 23.3 8.1 10.1	I N N N I N	State College PA Altoona PA Pittsburgh PA Altoona PA Altoona PA Altoona PA Johnstown PA
vs as Necessary	WKBS WTAE WATM WATM WATM WWCP WTAJ	47.1 4.1 23 23.1 23.3 8.1	I N N N I N	State College PA Altoona PA Pittsburgh PA Altoona PA Altoona PA Altoona PA Johnstown PA Altoona PA
ws as Necessary	WKBS WTAE WATM WATM WATM WWCP WTAJ	47.1 4.1 23 23.1 23.3 8.1 10.1	I N N N I N	State College PA Altoona PA Pittsburgh PA Altoona PA Altoona PA Altoona PA Johnstown PA Altoona PA
ows as Necessary	WKBS WTAE WATM WATM WATM WWCP WTAJ	47.1 4.1 23 23.1 23.3 8.1 10.1	I N N N I N	State College PA Altoona PA Pittsburgh PA Altoona PA Altoona PA Altoona PA Johnstown PA Altoona PA
ows as Necessary	WKBS WTAE WATM WATM WATM WWCP WTAJ	47.1 4.1 23 23.1 23.3 8.1 10.1	I N N N I N	State College PA Altoona PA Pittsburgh PA Altoona PA Altoona PA Altoona PA Johnstown PA Altoona PA
ows as Necessary	WKBS WTAE WATM WATM WATM WWCP WTAJ	47.1 4.1 23 23.1 23.3 8.1 10.1	I N N N I N	State College PA Altoona PA Pittsburgh PA Altoona PA Altoona PA Altoona PA Johnstown PA Altoona PA
ows as Necessary	WKBS WTAE WATM WATM WATM WWCP WTAJ	47.1 4.1 23 23.1 23.3 8.1 10.1	I N N N I N	State College PA Altoona PA Pittsburgh PA Altoona PA Altoona PA Altoona PA Johnstown PA Altoona PA
ows as Necessary	WKBS WTAE WATM WATM WATM WWCP WTAJ	47.1 4.1 23 23.1 23.3 8.1 10.1	I N N N I N	State College PA Altoona PA Pittsburgh PA Altoona PA Altoona PA Altoona PA Johnstown PA Altoona PA
ows as Necessary	WKBS WTAE WATM WATM WATM WWCP WTAJ	47.1 4.1 23 23.1 23.3 8.1 10.1	I N N N I N	State College PA Altoona PA Pittsburgh PA Altoona PA Altoona PA Altoona PA Johnstown PA Altoona PA
ows as Necessary	WKBS WTAE WATM WATM WATM WWCP WTAJ	47.1 4.1 23 23.1 23.3 8.1 10.1	I N N N I N	State College PA Altoona PA Pittsburgh PA Altoona PA Altoona PA Altoona PA Johnstown PA Altoona PA
ows as Necessary	WKBS WTAE WATM WATM WATM WWCP WTAJ	47.1 4.1 23 23.1 23.3 8.1 10.1	I N N N I N	State College PA Altoona PA Pittsburgh PA Altoona PA Altoona PA Altoona PA Johnstown PA Altoona PA
ows as Necessary	WKBS WTAE WATM WATM WATM WWCP WTAJ	47.1 4.1 23 23.1 23.3 8.1 10.1	I N N N I N	State College PA Altoona PA Pittsburgh PA Altoona PA Altoona PA Altoona PA Johnstown PA Altoona PA
ows as Necessary	WKBS WTAE WATM WATM WATM WWCP WTAJ	47.1 4.1 23 23.1 23.3 8.1 10.1	I N N N I N	State College PA Altoona PA Pittsburgh PA Altoona PA Altoona PA Altoona PA Johnstown PA Altoona PA

EGAL NAME OF St Marys Tel			(SIEM:					SYSTEM I 601
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of i or detailed info aper 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 a the static ion's sig g a check	I-Band FM Carriage: Under of the whenever it is received a wed 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 th	It the system's he system's FM ante this point, see pa sed by the cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
/lexican or Can		s, if any,	the community with which the	e station is identifi	ed).			
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 SYST	EM:					SYSTEM ID#
Name	St Marys Television In	C						60152
	SUBSTITUTE CARRIAGE				G			
I I			-		-	ion that wave	able and	m corried on a
•	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						huark talaviai		
Statement and	During the accounting peri-	-	cable system	carry, on a substitute bas	s, any nonne			
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	, leave the r	est of this pag	e blank. If your answer is	"Yes," you mu	ist complete t	he progran	n
	log in block 2.					•		
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their r	neaning is	
	clear. If you need more spa						0	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							l.
	"NBA Basketball: 76ers vs.			ibali. Lisi specific program		ample, i Love	E LUCY OF	
			cast live, enter	""Yes." Otherwise enter	lo."			
	Column 3: Give the call	sign of the st	tation broadca	sting the substitute progra	m.			
				e community to which the			CC or, in	
	the case of Mexican or Can						th the men	th
	first. Example: for May 7 giv		vnen your syst	tem carried the substitute	program. Use	numerais, wi	th the mon	itn
			substitute prod	gram was carried by your	cable system	List the time	s accuratel	V
	to the nearest five minutes.							5
	stated as "6:00–6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	ining that yo	our system was	s permitted to delete unde	r FCC rules a	nu regulation	5 111	
					WHE	N SUBSTIT	UTE	
	S	UBSTITUTI	E PROGRAM		CARRI	AGE OCCU	RRED	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. TIN FROM —	MES TO	DELETION
			0,122 0.011					
					·	_		
						_		
						_		
		-						
						_		
						_		
						_		

Accounting Period:	2017/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: St Marys Television Inc			:	60152 60152
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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	ystem's s	econdary trans to compute this	mission servi s amount, sec \$ 40	ice
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 t Use block 3 if the amount of gross receipts in space K is more than \$263,800 t See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00				1
	Line 1. Royalty fee for accounting period 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 line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00	-	
	Enter amount of gross receipts from space K				
	Subtract line 2 from line 1				
	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 a	and 8	·····.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	6	407,831.76		
	2. Base amount under statutory formula	5	263,800.00		
	3. Subtract line 2 from line 1	5	144,031.76		
	4. Multiply line 3 by .01		\$	1,440.32	
	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	5, and 6 .		\$	2,759.32
	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)		\$	2,759.32	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,779.32
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2017/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME C St Marys Te	DF OWNER OF CABLE SYSTEM: levision Inc		SYSTEM ID# 60152
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to	pers, and (2) the cable system's to		10
	and nonbroa	adcast services		174
N Individual to Be Contacted		ct about this statement of account	ER INFORMATION IS NEEDED (Identify an individual to whom t.)	
for Further Information	Name	Teri McMullen	Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartm Coudersport PA 1691 (City, town, state, zip)		
	Email	teri.mcmullen@z	zitomedia.com Fax (optional)	
0			st be certified and signed in accordance with Copyright Office regulations)	
Certification		gned, hereby certify that (Check on vner other than corporation or pa	e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the cable system as identified in line 1 of space B;	or
		in line 1 of space B and that the ow	ion or partnership) I am the duly authorized agent of the owner of the cable sy vner is not a corporation or partnership; or	
	 I have exami are true, comp 	in line 1 of space B. ned the statement of account and he	a corporation) or a partner (if a partnership) of the legal entity identified as owne ereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith.	er of the cable system
			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)	
		Typed or printed	name: James Rigas	
			President ficial position held in corporation or partnership)	
		Date:	02/28/2018	

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ounting Period: 2017/2		FORM SA1-2E. PAG
		601
larys Television Inc		001
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: "In determining the total number of subscribers and the gross amounts paid to the of service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmissions	yright Act by adding the fol- cable system for the basic system shall not include sub-	P Special Statemer Concerning Gros
For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form.	general instructions	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners?	for secondary transmissions	
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 lat For an explanation of interest assessment, see page (viii) of the general instructions locate		0
	ed in the paper SA1-2 form.	Q.
Line 1 Enter the amount of late payment or underpayment	a in the paper SA1-2 form.	Interest Assessme
	x 1%	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x1%	Linterest Assessm
	x 1%	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	x1%	Q
Line 1 Enter the amount of late payment or underpayment	x 1% - x days	Second Second
Line 1 Enter the amount of late payment or underpayment	x 1% - x days	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	x 1%	Second Second
Line 1 Enter the amount of late payment or underpayment	x 1% - x days - x 0.00274 \$ -	Second Second
Line 1 Enter the amount of late payment or underpayment	x 1%	v
Line 1 Enter the amount of late payment or underpayment	x 1% - x days - x 0.00274 \$ - (interest charge)	Q Interest Assessm
 Line 1 Enter the amount of late payment or underpayment 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 <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 	x 1% - x days - x 0.00274 \$ (interest charge) For further assistance please	Q Interest Assessm
 Line 1 Enter the amount of late payment or underpayment	x 1% - x days - x 0.00274 \$ - (interest charge) For further assistance please	Second Second
 Line 1 Enter the amount of late payment or underpayment	x 1% - x days - x 0.00274 \$ - (interest charge) For further assistance please	A Interest Assessm
 Line 1 Enter the amount of late payment or underpayment	x 1% - x days - x 0.00274 \$ - (interest charge) For further assistance please	A Interest Assessm
 Line 1 Enter the amount of late payment or underpayment	x 1% - x days - x 0.00274 \$ - (interest charge) For further assistance please	Linterest Assessm
Line 1 Enter the amount of late payment or underpayment	x 1% - x days - x 0.00274 \$ - (interest charge) For further assistance please	Linterest Assessm
Line 1 Enter the amount of late payment or underpayment	x 1% - x days - x 0.00274 \$ - (interest charge) For further assistance please	KK Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x 1% - x days - x 0.00274 \$ - (interest charge) For further assistance please	Linterest Assessm

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