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>
General instructions are located in the first tab of this workbook	02/27/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCC	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.	61412
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CANNON VALLEY CABLEVISION, INC.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		ВЕУСОММ	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		123 W 7TH ST (Number, street, rural route, apartment, or suite number)	
		BLUE EARTH, MN 56013 (City, town, state, zip)	
	INSTR	CCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
		MAILING ADDRESS OF CADLE STSTEM.	
	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 sufficiency of the fling, a determination that would be made by a court of law.

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Name -	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CANNON VALLEY CABLEVISION, INC.	61412
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community	'community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known
Area Served	as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	
First	CITY OR TOWN BLUE EARTH	STATE
First Community	ELMORE	MN
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CANNON VALLEY CABI	LEVISION, II	NC.						6141
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI		ATES				
E	<b>In General:</b> The information in s			-	-	y transmission s	ervice of th	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						nle system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n	umber of billing	s in that	category (the	number o	f persons or org	anizations		
	separately for the particular service							a and the	
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				any standa		5 within a p		
	Block 1: In the left-hand block	in space E, the	e form lis	sts the catego					
	systems most commonly provide								
	that applies to your system. <b>Note</b> categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o	nce again unde	er "Servi	ce to addition	al set(s)."				
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	inu rates, in the	ingin-na		wo- or the	e-word description			
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		506	39.95		IDED BASIC		216	73.9
	<ul> <li>Service to additional set(s)</li> </ul>					L 2 STAR		235	78.9
	• FM radio (if separate rate)				DIGITA	L 3 STAR		3	111.9
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
F	In General: Space F calls for rat		,		•	• •			
	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	rate column.	-	-		-		-	
Fransmissions:								wara nat	
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	RVICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	sidential				
			• Mot	el, hotel					
	• Pay cable		• Con	nmercial					
	Pay cable     Pay cable—add'l channel								
			• Pay	cable					
	• Pay cable—add'l channel			cable cable-add'l cl	hannel				
	Pay cable—add'l channel     Fire protection		• Pay		hannel				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	35.00	• Pay • Fire	cable-add'l ch					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>	35.00	• Pay • Fire • Burg	cable-add'l cl protection					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	35.00	• Pay • Fire • Burg Other s	cable-add'l cl protection glar protection		25.00			
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	35.00	• Pay • Fire • Burg Other s • Rec	cable-add'l cl protection glar protection <b>ervices:</b>		25.00			
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <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>	35.00	• Pay • Fire • Burg • Burg • Rec • Disc	cable-add'l cl protection glar protection <b>ervices:</b> onnect		25.00 45.00			

unting Period: 2	2017/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O			SYSTEM ID 6141
	CANNON VALLEY CA	•		0141
G Primary ransmitters: Television	In General: In space G, idd carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "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 to Column 4: Give the location	lentify every television station (including em 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 as explained in the next paragraph. <b>s:</b> With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part the carriage of certain network prog (1(e)(2) and (4))]; and (2) certain st arried by your cable system on a si- the Special Statement and Program d both on a substitute basis and al- see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde- present of the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a substitute program m Log)—if the lso on some other totions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KYIN	2	E	MASON CITY, IA
	wcco	4	N	MINNEAPOLIS/ST. PAUL, MN
as Necessary	KSTP	5	N	MINNEAPOLIS/ST. PAUL, MN
15 NELESSON y	KAAL	6	N	AUSTIN, MN
	WFTC	29		MINNEAPOLIS/ST. PAUL, MN
	KMSP	9		MINNEAPOLIS/ST. PAUL, MN
	KARE	11	N	MINNEAPOLIS/ST. PAUL, MN
	KEYC	12	N	MANKATO, MN
	KSTC	45	1	MINNEAPOLIS/ST. PAUL, MN
	KTCA	2	E	MINNEAPOLIS/ST. PAUL, MN
		····•	E	
	KEYC-FOX	12.4		MINNEAPOLIS/ST. PAUL, MN

Accounting P	eriod: 2017	/2					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID#
CANNON VA	LLEY CAE	BLEVIS	ION, INC.					61412
all-band basis w	t every radio s /hose signals	station ca were ge	arried on a separate and discontribution of a separate and discontribution of the separate and the separate	ole system during	the accountin	ig perio	d.	н
receivable if (1) on the basis of r For detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If signal, 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 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 the	at 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 leneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		-	the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1						
							1	

Accounting Perio	od: 2017/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CANNON VALLEY CAI	BLEVISIO	N, INC.				61412
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
I I	In General: In space I, identi	fv everv no	nnetwork televis	ion program, broadcast by	a distant stat	ion, that your cable	system carried on a
-	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the paper	r SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television pro	ogram
Program Log	broadcast by a distant sta	tion?				YE	
Trogram Log	Note: If your answer is "No'	' loovo tho	rest of this nad	e blank. If your answer is '	Yee " vou mi		
		, leave the	rest of this pag	e biank. Il your answer is	res, you mu		ogram
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their mean	ina is
	clear. If you need more spa						
				sion program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ove I uc	nation. v" or
	"NBA Basketball: 76ers vs.						y or
				"Yes." Otherwise enter "N			
				sting the substitute progra		need by the FCC a	ar in
	the case of Mexican or Can			e community to which the			dr, in
				tem carried the substitute			e month
	first. Example: for May 7 giv	/e "5/7."	, ,		0		
				gram was carried by your			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should b	e
		er "R" if the	listed program	was substituted for progra	mming that v	our svstem was <i>re</i>	auired
	to delete under FCC rules a						
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCURRE	
	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 —	DELETION
						<u></u>	
						_	
						_	
						_	
						_	
1		1	1		1 (		

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CANNON VALLEY CABLEVISION, INC.	S	YSTEM ID# 61412
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e 9,257.22
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	<b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	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 \$527	,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 Regis See page i of the general instructions in the paper SA1-2 form for more informat	ter of Copyrig	

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7.
Name		FOWNER OF CABLE SYSTEM: LLEY CABLEVISION, INC.	SYSTEM ID# 61412
M Channels	to its subscribe 1. Enter the tol system carrie	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	11
		cable system carried television broadcast stations dcast services	200
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	GLORIA PEDERSON Telephone	507-526-3252
	Address	123 W 7TH ST (Number, street, rural route, apartment, or suite number) BLUE EARTH, MN 56013 (City, town, state, zip)	
	Email	gpederson@bevcomm.com Fax (optional)	
O Certification	• I, the undersig	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E	; or
	X (Off i • I have examinare true, complete	ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership; or icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. etion 1001(1986)]	
		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: Arlette Dutton Title: Chief Financial Officer	
		(Title of official position held in corporation or partnership) Date: 2/27/2018	

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Inting Period: 2017/2		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
NON VALLEY CABLEVISION, INC.		614
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the gr service of providing secondary transmissions of primary b scribers and amounts collected from subscribers receiving. For more information on when to exclude these amounts, see the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any a made by satellite carriers to satellite dish owners?	n 111(d)(1)(A), of the Copyright Act by adding the fol- ross amounts paid to the cable system for the basic proadcast transmitters, the system shall not include sub- g secondary transmissions pursuant to section 119." e note on page (vii) of the general instructions	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	v	
Name	Name	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments su For an explanation of interest assessment, see page (viii) of the		Q
Line 1 Enter the amount of late payment or underpayment	-	Interest Assessm
	x	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	x re	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 her	x	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 her Line 3 Multiply line 2 by the number of days late and enter the s Line 4 Multiply line 3 by 0.00274** and enter here	x	Interest Assessm
<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 her</li> <li>Line 3 Multiply line 2 by the number of days late and enter the s</li> <li>Line 4 Multiply line 3 by 0.00274** and enter here</li> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 1,</li></ul>	x	Interest Assessm
<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 her</li> <li>Line 3 Multiply line 2 by the number of days late and enter the s</li> <li>Line 4 Multiply line 3 by 0.00274** and enter here</li> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or bl</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/li</i></li> <li>contact the Licensing Division at (202) 707-8150 or licensin</li> </ul>	x	Interest Assessm
<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 se</li> <li>Line 4 Multiply line 3 by 0.00274** and enter here</li> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or ble</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensine</li> <li>** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of ac list below the owner, address, first community served, ID number</li> </ul>	x	Interest Assessm
<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 se</li> <li>Line 4 Multiply line 3 by 0.00274** and enter here</li> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or block 2 line 8, or block the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensin</li> <li>** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of action</li> </ul>	x	Interest Assessm
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