This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright
General instructions are located in the first tab of this workbook	01/02/2018	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YYY/(Period))	

~	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20172 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63468
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		ALPINE CABLE TELEVISION LC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 1008 (Number, street, rural route, apartment, or suite number)	
		ELKADER, IA 52043 (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 u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		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 fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	ALPINE CABLE TELEVISION LC	63468
D	Instructions: List each separate community served by the cable system. A "o "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future f	rated communities within unincorporated areas and including single, aat you list will serve as a form of system identification hereafter known ilings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	GARNAVILLO	IA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name		SION LC							6346
_	SECONDARY TRANSMISSION	SERVICE: SI	IBSCRI	BERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	ervice of the	e cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existin	g on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						nle system l	oroken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				iy standal		s within a pa		
	Block 1: In the left-hand block				es of sec	ondary transmis	sion service	that cable	
	systems most commonly provide	e to their subsc	ribers. G	live the numbe	r of subsc	ribers and rate	for each liste	ed category	
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system i					service that are	different fro	m 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 thre	e-word descripti	on of the se	rvice is	
	sufficient.	DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		13	34.95	ESSEN	TIALS PACK	AGE	46	50.0
	 Service to additional set(s) 				PREMI	ER PACKAG	E	28	10.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	6				
F	In General: Space F calls for rat	•	,		-	• •			
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	rate column.	-	-		-		-	
Fransmissions:								ioro not	
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICE	RATE	CATEGO	RY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resi	dential				
	Pay cable		• Mot	el, hotel			CINEMA	X	16.0
	 Pay cable—add'l channel 		• Con	nmercial			HBO		18.0
	Fire protection		• Pay	cable			SHOWT	IME	17.0
	•Burglar protection		• Pay	cable-add'l ch	annel		STARZ		15.0
		1	• Fire	protection					
	Installation: Residential								
	Installation: Residential First set 	124.95	• Bur	glar protection					
		124.95		glar protection					
	First set	124.95	Other s			29.00			
	First setAdditional set(s)	124.95	Other s	ervices:		29.00			
	 First set Additional set(s) FM radio (if separate rate) 	124.95	Other s • Rec • Disc	connect		29.00			

counting Period: 2	2017/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O			SYSTEM IE
	ALPINE CABLE TELE			6346
G Primary Transmitters: Television	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 r • Do <i>not</i> list the station her station was carried <i>only</i> 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	entify every television station (including em during the accounting period, <i>excep</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. s: With respect to any distant stations car ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carrie on 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-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG	9	N	CEDAR RAPIDS, IA
	KFXA	27	I	CEDAR RAPIDS, IA
ws as Necessary	KGAN	51	Ν	CEDAR RAPIDS, IA
	KPXR	47	l	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	кwкв	25	I	IOWA CITY, IA
	KWWF	22	I	WATERLOO, IA
	KWWL	7	N	WATERLOO, IA

	F OWNER OF C							SYSTEM II 634
n General: Lis		station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) n the basis of or detailed infi aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried by monitoring, to ormation about rm. dentify the call State whether if f the radio stat this by placing Sive the station	y the sys be recein the Co l sign of the static tion's sig g a chec n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	7	5,0		OF LE OTON	, OF T W	5,0		
		+						
	+							

Accounting P	Period: 2017/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name		VISION LO)					63468
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, ident substitute basis during the a	accounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or aut	horizations.	For a further
Substitut	-	ning that mus	st be included in	this log, see page (v) of the	e general instru	uctions in the	paper SA1	-2 form.
Carriage			NING SUBS	TITUTE CARRIAGE				
Special Statement a		riod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televisi	ion progran	
Program L	Ibroadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pac	e blank. If your answer is '	'Yes," you mu	st complete	the prograu	m
	log in block 2.							
	2. LOG OF SUBSTITUT	E PROGRA	MS					
	In General: List each subs				wherever pos	sible, if their	meaning is	5
	clear. If you need more spa				orogram") the	t during the	aaaauntina	
	period, was broadcast by a			ision program ("substitute ur cable system substitute				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further	information	
	Do not use general categor		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Lov	e Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live ente	r "Yes." Otherwise enter "N	lo "			
				isting the substitute progra				
				ne community to which the			FCC or, in	
	the case of Mexican or Car			community with which the tem carried the substitute			ith the mor	ath
	first. Example: for May 7 gi		when your sys		Jiogram. Use	numerais, w		101
			e substitute pro	gram was carried by your	cable system.	List the time	es accurate	ly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sh	ould be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	nur system v	vas require	h
	to delete under FCC rules a							
			our system wa	s permitted to delete unde	r FCC rules a	nd regulation	15 111	
	effect on October 19, 1976		our system wa	s permitted to delete unde	r FCC rules a	na regulation	15 111	
	effect on October 19, 1976			·	WHE	N SUBSTIT	UTE	
	effect on October 19, 1976		E PROGRAM	·	WHE CARRI	N SUBSTIT AGE OCCL	UTE IRRED	7. REASON FOR DELETION
	effect on October 19, 1976			·	WHE	N SUBSTIT	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1
	effect on October 19, 1976		E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	1

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC	S	*STEM ID 63468
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 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 service s amount, see	e,899.81
Copyright	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,	100)	<u> </u>
	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		
	TILING FEE AND TOTAL REWITTANGE 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		nts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: LE TELEVISION LC	SYSTEM ID# 63468
M Channels	 to its subscribe 1. Enter the tol system carrie 2. Enter the tol on which the 	You must give (1) the number of channels on which the cable system carried television broadcast static rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	ns
N Individual to Be Contacted for Further		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.) MARGARET CORLETT Teleph	one (563) 245-4481
Information	Address	PO BOX 1008 (Number, street, rural route, apartment, or suite number) ELKADER, IA 52043	
	Email	(City, town, state, zip) MCORLETT@ALPINE-COMMUNICATIONS.COM Fax (optional)	
O Certification	I, the undersig (Own (Age i X (Off i I have examinare true, completion	N (This statement of account must be certified and signed in accordance with Copyright Office regulation here, hereby certify that (Check one, <i>but only one</i> , of the boxes.) here other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space in to f owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or incer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained here the, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)] $\frac{X /s/ Chris Hopp}{$ Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ce B; or le system as identified owner of the cable system
		Typed or printed name: CHRIS HOPP Title: CHIEF OPERATING OFFICER (Title of official position beld in comparison or nathership)	
		(Title of official position held in corporation or partnership) Date: 1/2/2018	

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inting Period: 2017/2	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
INE CABLE TELEVISION LC	6346
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 Statement Concerning Gross Receipts Exclusion
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?	
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
	-
x	_
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
	_
xdays	
x days 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 -	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x 0.00274	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
x	
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 3 Multiply line 2 by the number of days late and enter the sum here	

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