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	02/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

CCOUNTING 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)
20172 Barcode Data Filing Period (optional - see instructions)
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.
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
CEQUEL COMMUNICATIONS LLC
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
SUDDENLINK COMMUNICATIONS
MAILING ADDRESS OF OWNER OF CABLE SYSTEM
3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
TYLER, TX 75701
(City, town, state, zip)
STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these mes already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
1 IDENTIFICATION OF CABLE SYSTEM:
INDIANA VETERANS HOME
MAILING ADDRESS OF CABLE SYSTEM:
2 (Number, street, rural route, apartment, or suite number)
(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	63485
D	Instructions: List each separate community served by the cable system. A "co "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 fil Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Served		
	CITY OR TOWN	STATE
First	WEST LAFAYETTE	IN
Community	(IN VETERANS HOME)	
Add Rows as Necessary		
,		

	·							FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							SYS	
	CEQUEL COMMUNICAT	IONS LLC							6348
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	ATES				
E	In General: The information in s								
- .	system, that is, the retransmission								
Secondary	about other services (including p						nose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standar		s within a p		
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide	to their subscr	ibers. C	Give the number	er of subsc	ribers and rate f	or each lis	ted 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					In the count un	der "Servic	e to the	
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a	ind rates, in the	right-h	and block. A tv	vo- or three	e-word descripti	on of the s	ervice is	
	sufficient.				1			()	
	BLU	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		0	-					
	 Service to additional set(s) 		0	0					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		73	41.89					
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC				\$			•	
-	In General: Space F calls for rat				-	l your cable syst	em's servi	ces that were	
F	not covered in space E, that is, the	hose services tl	hat are	not offered in a	combinatio	n with any seco	ndary trans	smission	
. .	service for a single fee. There ar	•			•		• • •		
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	Dilleu. Il ally la	lites are cri	argeu on a vana	ible bei-bi	ograffi basis,	
Transmissions:	Block 1: Give the standard rat		e cable	e system for ea	ch of the a	applicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a				shed. List	these other serv	ices in the	form of a	
	brief (two- or three-word) descrip	otion and include	e the ra	ite for each.			1		
		BLOC				DATE	0.175.0	BLOCK 2	D 4 T 5
	CATEGORY OF SERVICE Continuing Services:			BORY OF SER ation: Non-res		RATE	CATEGO	ORY OF SERVICE	RATE
	Pay cable	_		tel, hotel	lacintiai				
	Pay cable—add'l channel	_		nmercial					
	• Fire protection			/ cable					
	•Burglar protection			/ cable-add'l ch	annel				
	Installation: Residential			protection					
				•					
	First set Additional set(s)	-		glar protection					
	Additional set(s) EM radio (if concrete rate)	-		services:					
	• FM radio (if separate rate)			connect		-			
	Converter			connect					
			 Out 						
				tlet relocation ve to new addr		-			

ounting Period:	2017/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	CEQUEL COMMUNIC			6348
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 ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further information 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 to Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat 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, repo- 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 the 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
	WISH-CBS	9	N	INDIANAPOLIS, IN
	WLFI-CBS	11	Ν	LAFAYETTE, IN
vs as Necessary	WTHR-NBC	13	N	INDIANAPOLIS, IN
	WFYI-PBS	21	Е	INDIANAPOLIS, IN
	WRTV-ABC	25	N	INDIANAPOLIS, IN
	WNDY-MNT	32	I	MARION, IN
	WXIN-FOX	45	l	INDIANAPOLIS, IN
	WTTV-CW	48	I	BLOOMINGTON, IN

EGAL NAME O								SYSTEM II 634
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) in the basis of for 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 the radio stat this by placing Sive the station	y the sys be recein the Co I 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	
		1						

Accounting Perio	d: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					63485
	SUBSTITUTE CARRIAGI	: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	od, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	ion program	1
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	Notes If your energy is "No?			a blank. Kurunanauna in i	·/ "		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa						incuring 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 categor	gulations, o es like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ns for further	ntormatior	1.
	"NBA Basketball: 76ers vs.			toall. List speeline program				
			dcast live, enter	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 and in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv		, ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sh	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	vas require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the l	listed progra	
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulatior	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARR	AGE OCCU	JRRED	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. TI FROM –	MES – TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	THOM	10	
							_	
						_	_	
]					
						-	-	
							_	
						_	_	
							-	
							_	
							-	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	*STEM ID 63485
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 service s amount, see	e 8,348.00
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,	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 Due	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		hts!

Accounting Period:	2017/2						FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC					SYSTEM ID 6348
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number or ers, and (2) the cable system's to tal number of channels on which ed television broadcast stations . tal number of activated channels cable system carried television dcast services	otal number n the cable s broadcast st	of activated channels durin	ng the a	ccounting period.	8 . 54
N Individual to Be Contacted		TO BE CONTACTED IF FURTH t about this statement of account		IATION IS NEEDED (Iden	tify an in	dividual to whom	
for Further Information	Name	SARAH BOGUE				Telephone	<u>(903) 579-3121</u>
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartr TYLER, TX 75701 (City, town, state, zip)		umber)			
	Email	SARAH.BOGU	E@ALTICE	USA.COM		Fax (optional)	
O Certification	I, the undersig (Ow (Age X (Off I have examin are true, complete	N (This statement of account mu ined, hereby certify that (Check or ner other than corporation or pa ent of owner other than corporat in line 1 of space B and that the or ficer or partner) I am an officer (if in line 1 of space B. ed the statement of account and h ete, and correct to the best of my stion 1001(1986)]	ne, <i>but only ol</i> artnership) tion or partn wner is not a f a corporation hereby declar knowledge, ir	ne, of the boxes.) am the owner of the cable s ership) I am the duly autho corporation or partnership; n) or a partner (if a partners e under penalty of law that a nformation, and belief, and a	system a orized age or ship) of th all staten are made	s identified in line 1 of space f ent of the owner of the cable s ne legal entity identified as own nents of fact contained herein	3; or ystem as identified
			Enter an ele	s/ Michael Schreiber ctronic signature on the line ure using an "/s/ signature" (above to		-
		Typed or printed	name: N	ICHAEL SCHREIB	ER		
		Title: (Title of o		IEF CONTENT OFF			
		Date:				02/18/2018	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephol 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 Office's public indexes and 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 t 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 lav

ounting Period: 2017/2					FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SY	STEM:				SYSTEM
QUEL COMMUNICATIONS	LLC			-	634
The Satellite Home Viewer Act of lowing sentence: "In determining the total metrics of providing second scribers and amounts cold For more information on when to located in the paper SA1-2 form. During the accounting period, dia	t the cable system exclude any a	a 111(d)(1)(A), of the oss amounts paid to roadcast transmitter g secondary transmit note on page (vii) c	e Copyright Act by adding the for the cable system for the basic s, the system shall not include ssions pursuant to section 119. of the general instructions	sub- "	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to sate	llite dish owners?				
YES. Enter the total here an	d list the satellite carrier(s) below	1	\$		
Name Mailing Address		Name Mailing Address			
INTEREST ASSESSMENT					
You must complete this workshe					Q
-	et for those royalty payments sub sessment, see page (viii) of the g				Q
For an explanation of interest as		general instructions I	located in the paper SA1-2 form		Q Interest Assessment
For an explanation of interest as	sessment, see page (viii) of the g	general instructions I	located in the paper SA1-2 form		Q Interest Assessme
For an explanation of interest as	sessment, see page (viii) of the g	Jeneral instructions I	located in the paper SA1-2 form		Q Interest Assessme
For an explanation of interest as Line 1 Enter the amount of late	sessment, see page (viii) of the g	Jeneral instructions I	located in the paper SA1-2 form		Q Interest Assessme
For an explanation of interest as Line 1 Enter the amount of late Line 2 Multiply line 1 by the inte	sessment, see page (viii) of the g	eneral instructions I	located in the paper SA1-2 form	n.	Q Interest Assessme
For an explanation of interest as Line 1 Enter the amount of late Line 2 Multiply line 1 by the inte	sessment, see page (viii) of the g payment or underpayment	eneral instructions I	located in the paper SA1-2 form	n.	Q Interest Assessme
For an explanation of interest as Line 1 Enter the amount of late Line 2 Multiply line 1 by the inter Line 3 Multiply line 2 by the nur Line 4 Multiply line 3 by 0.0027	sessment, see page (viii) of the g payment or underpayment erest rate* and enter the sum here nber of days late and enter the su	eneral instructions l	located in the paper SA1-2 form	n.	Q Interest Assessme
For an explanation of interest as Line 1 Enter the amount of late Line 2 Multiply line 1 by the inter Line 3 Multiply line 2 by the nur Line 4 Multiply line 3 by 0.0027	sessment, see page (viii) of the g payment or underpayment erest rate* and enter the sum here nber of days late and enter the su	eneral instructions l	located in the paper SA1-2 form	n. days 	Q Interest Assessme
For an explanation of interest as Line 1 Enter the amount of late Line 2 Multiply line 1 by the inter Line 3 Multiply line 2 by the nur Line 4 Multiply line 3 by 0.0027 in space L, (page 6) bloc * To view the interest rate ch	sessment, see page (viii) of the g payment or underpayment erest rate* and enter the sum here nber of days late and enter the su	eneral instructions l	located in the paper SA1-2 form x x x x x x x x x x x x x x x x x x x	n. days 	Q Interest Assessme
For an explanation of interest as Line 1 Enter the amount of late Line 2 Multiply line 1 by the inter Line 3 Multiply line 2 by the nur Line 4 Multiply line 3 by 0.0027 in space L, (page 6) bloc * To view the interest rate ch contact the Licensing Divis	sessment, see page (viii) of the g payment or underpayment rest rate* and enter the sum here nber of days late and enter the su 4** and enter here k 1, line 2, or block 2 line 8, or blo art click on <i>www.copyright.gov/lic</i> ion at (202) 707-8150 or licensing	general instructions I e	x	n. days 	Q Interest Assessme
For an explanation of interest as Line 1 Enter the amount of late Line 2 Multiply line 1 by the inter Line 3 Multiply line 2 by the nur Line 4 Multiply line 3 by 0.0027 in space L, (page 6) bloc * To view the interest rate ch contact the Licensing Divis ** This is the decimal equival	sessment, see page (viii) of the g payment or underpayment rest rate* and enter the sum here nber of days late and enter the su 4** and enter here k 1, line 2, or block 2 line 8, or blo art click on <i>www.copyright.gov/lic</i> ion at (202) 707-8150 or licensing ent of 1/365, which is the interest	eneral instructions I um here	located in the paper SA1-2 form x </td <td>n. days e) ease</td> <td>Q Interest Assessme</td>	n. days e) ease	Q Interest Assessme
For an explanation of interest as Line 1 Enter the amount of late Line 2 Multiply line 1 by the inter Line 3 Multiply line 2 by the nur Line 4 Multiply line 3 by 0.0027 in space L, (page 6) bloc * To view the interest rate ch contact the Licensing Divis ** This is the decimal equival NOTE: If you are filing this works	sessment, see page (viii) of the g payment or underpayment rest rate* and enter the sum here nber of days late and enter the su 4** and enter here k 1, line 2, or block 2 line 8, or blo art click on <i>www.copyright.gov/lic</i> ion at (202) 707-8150 or licensing ent of 1/365, which is the interest	eneral instructions I um here ock 3 line 6 g@loc.gov. t assessment for on- count already submi	x	n. 	Q Interest Assessme
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