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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT O	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
02/27/2018	\$ ALLOCATION NUMBER

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20172 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
		Kearsarge Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152 (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 is 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:  TDS Tologon Inc.
		TDS Telecom, Inc.  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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Kearsarge Telephone Company	635
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I as the "first community." Please use it as the first community on all future filings.	
_	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home narks should be reported in parentheses below the
Area	identified city.	nome parks should be reported in parentileses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	New London	NH
Community	Andover	NH
	Boscawen	NH
	Chichester	NH
Rows as Necessary		
	Salisbury	NH
	Wilmot	NH

Accounting Period: 2017/2 FORM SA1-2F PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63537

## E

#### Secondary **Transmission** Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**Kearsarge Telephone Company** 

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK	<b>&lt;</b> 2		
CATECORY OF SERVICE	NO. OF	DATE	CATECODY OF SERVICE	NO. OF	RATE
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RAIE
Residential:					
Service to first set	2,065	20.00/mo			
<ul> <li>Service to additional set(s)</li> </ul>					
FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential	2,065	0-8.00/mo			
Non-residential					
1		T			T

# F

#### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	14-19.99/mo	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	0-49.95	Other services:			
• FM radio (if separate rate)		Reconnect			
• Converter		Disconnect			
		Outlet relocation			
		Move to new address			
		move to new dedices			

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63537

4. LOCATION OF STATION

### **Kearsarge Telephone Company**

G

#### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TIPE OF STATION	4. LOCATION OF STATION
WBZ	4.1	N	Boston, MA
WCVB	5.1	N	Boston, MA
WHDH	7.1	l	Boston, MA
WMUR	9.1	N	Littleton, MA
WENH	11.1	E	Durham, NH
WPXG	21.1	l	Concord, NH
WFXT	25.1	N	Boston, MA
WSBK	38.1	l	Boston, MA
WBTS-LD	15.1	N	Boston, MA
WWJE-DT	50.1	<u> </u>	Derry, NH
WLVI	56.1	l	Cambridge, MA
WMFP	62.1	<u> </u>	Lawrence, MA
WHDH-DT2	7.2	I-M	Boston, MA
WMUR-DT2	9.2	N-M	Littleton, MA
WBIN-DT2	50.2	I-M	Derry, NH
WENH-DT2	11.2	E-M	Durham, NH
WENH-DT3	11.3	E-M	Durham, NH
WMFP-DT4	62.4	I-M	Lawrence, MA
WGBH	2.1	E	Boston, MA
WGBX	44.1	E	Boston, MA
WGBX-DT3	44.3	E-M	Boston, MA
WVTA	41.1	E	Windsor, VT
WBZ-DT2	4.2	N-M	Boston, MA
WFXT-DT2	25.2	N-M	Boston, MA
WNEU	60.1	l	Merrimack, NH

3. TYPE OF STATION

Add Rows as Necessary

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Kearsarge Telephone	Company		63537
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only 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 the Column 2: Give the channer of license. For example, W Column 3: Indicate in each educational station, by enter (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. Do not report origination put with a station according to its over-the	t (1) stations carried only on a part-tire carriage of certain network program (1(e)(2) and (4))]; and (2) certain stationaried by your cable system on a substitute basis and also see page (v) of the general instructionaried services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent in the paper SA1-2 form.	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream me air in its community moncommercial indent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WYCU-LD	26.1	l	Charlestown, NH

FORM SA1-2E. PAGE 3.

Accounting Period: 2017/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **Kearsarge Telephone Company**

63537

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	AIVI OI FIVI	3/10	LOCATION OF STATION	CALL SIGN	AIVI UI FIVI	3/0	LOCATION OF STATION
N/A							
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Accounting Perio							FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 63537		
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri- broadcast by a distant stat	y every nor counting pe ng that mus CONCER od, did you	nnetwork televiseriod, under spe to be included in	cion program, broadcast ecific present and former this log, see page (v) of TITUTE CARRIAGE	by a <i>distant</i> sta FCC rules, reg the general ins	ulations, or a tructions in t	uthorizations. he paper SA1	For a further -2 form.		
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.									
	SI  1. TITLE OF PROGRAM		E PROGRAM  3. STATION'S CALL SIGN	4. STATION'S LOCATIO	5. MONTH	•		7. REASON FOR DELETION		

Accounting Period:	2017/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	Kearsarge Telephone Company			63537
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's sec (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transi compute this	mission services amount, see	7,413.06
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  • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than  See page (vi) of the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LE	n \$527,600	\$263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00	i must pay for t	this six-month	
	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 lines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more	e than \$137,1	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)	<u>.</u>		
	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 les	ss than \$527	,600)	
	Enter the amount of gross receipts from space K	377,413.06		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	13,613.06		
	4. Multiply line 3 by .01	\$	1,136.13	
	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 $\dots$	· · · · · · · · · · · · · · · · · · ·	\$	2,455.13
	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)	\$	2,455.13	
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		\$	2,475.13
	Important: Your remittance must be in the form of an electronic payment payable See page i of the general instructions in the paper SA1-2 form for m	_		ghts!

Accounting Period	: 2017/2																	F	ORM SA1	-2E. P.	AGE 7
Name	LEGAL NAME OF OWNER OF Kearsarge Telephone																		S		M ID#
M Channels	CHANNELS Instructions: You must of to its subscribers, and (2)  1. Enter the total number system carried television  2. Enter the total number on which the cable system and nonbroadcast services.	of activated channels em carried television b	the cable	ole	er of	of activat	ted ch	annels	during	the ac	coun	iting pe	eriod.		ons			26			
N Individual to Be Contacted	INDIVIDUAL TO BE COI we can contact about this			ORM	RMA	ATION I	S NEI	EDED (I	dentify	an inc	dividu	ual to v	whom								
for Further Information	Name <b>Pegg</b>	y Smykal												Teleph	one (	802) 4	85-97	748			
	(Number	epot Square, Unit , street, rural route, apartmon ofield, VT 05663 vn, state, zip)		uite ni	e num	imber)															
	Email	finance@tdsteled	com.con	om	1						Fa	x (opti	ional)								
O	(Agent of owner in line 1 of s	er other than corporation or pare other than corporation or pare other than corporation are also and that the own there) I am an officer (if a space B.  ement of account and he prect to the best of my known (986)]	e, but only rtnership ion or pa vner is not a corpora ereby dec knowledge  X  Enter an o Enter sign	partner of a control of a contr	rone ) I an rtner: a co tion) /s/ /s/ Sh	ership) I corporati or a pa e under p formatio  // Shar tronic sig re using  haron	am thon or partner (	e duly a partnersi if a part belief, a	uthorizi uthorizi inership hat all inand are	ed age o) of the statem made	e legalents in go	the ow all entity of fact ood fait	n line vner o y iden conta h.	1 of spa	ce B; colle syst	em as id					

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 telephon 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 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

ccounting Period: 2017/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
earsarge Telephone Company	63537
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."	P Special Statement Concerning Gross
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.	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?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address  Name Mailing Address	
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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	-
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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