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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 7/16/2018 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 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.	642
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Central Telcom Services LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 7	
		(Number, street, rural route, apartment, or suite number) Fairview, Ut 84629-0007 (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 unles s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
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)	

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 fing, a determination that would be made by a court of law.

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Central Telcom Services LLC	29642
D	Instructions: List each separate community served by the cable system. A "cou" a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	
	CITY OR TOWN	STATE
First	Santaquin	Utah
Community	Utah County	Utah
	Mona	Utah
Add Rows as Necessary	Goshen	Utah
	Eureka	Utah

	LEGAL NAME OF OWNER OF CA							FORM SA	1-2E. PAG STEM I I
Name	Central Telcom Services							010	296
	Central Telcom Services	S LLC							200
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s	•		-					
Secondary	system, that is, the retransmission about other services (including p								
Fransmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular service							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	•		•	iny standai	rd rate variation	s within a p	particular rate	
	category, but do not include disc				rios of soc	ondony transmis	sion convic	o that cable	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					l in the count ur	ider "Servio	ce to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	wo- or three	e-word descript	ion of the s	ervice is	
	sufficient.							()	
	BLU	OCK 1 NO. OF					BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:				-				47
	Service to first set		458	24.95	Expand	led		294	47.
	Service to additional set(s)								
	• FM radio (if separate rate)		44	04.05					
	Motel, hotel		11	24.95					
	Commercial		004						
	Converter		294	-					
	Residential Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
Е	In General: Space F calls for rat	-			-	l your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, the					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services (•			•		• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.		-		-		0	
ransmissions: Rates	Block 1: Give the standard rat							wore not	
Rales	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		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-res	sidential				
	• Pay cable	17.95	• Mc	otel, hotel		Varies			
	Pay cable—add'l channel	15.95		mmercial		-			
	Fire protection	-		y cable		-			
	•Burglar protection	-		y cable-add'l ch	nannel	-			
	Installation: Residential			e protection		-			
	First set	100.00		rglar protection	l	-			
			Other	services:					
	 Additional set(s) 	29.95	_						
	Additional set(s)FM radio (if separate rate)	29.95 -		connect		29.95			
	 Additional set(s) 	29.95 - -	• Dis	sconnect		-			
	Additional set(s)FM radio (if separate rate)	29.95 - -	• Dis • Ou			29.95 - 49.95 29.95			

	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Central Telcom Servic			29642
G rimary ismitters: levision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel 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 carrie in concerning substitute basis stations a's call sign. <i>Do not</i> report origination a 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
	κυτν	2	N	Salt Lake City, Utah
	ктух	4	Ν	Salt Lake City, Utah
s Necessary	KSL	5	N	Salt Lake City, Utah
	KUED	7	Е	Salt Lake City, Utah
	KUEN	9	Е	Ogden, Utah
		13	_	
	KSTU	13	I	Salt Lake City, Utah
	KSTU KJZZ	13	I	Salt Lake City, Utah Salt Lake City, Utah
			I 	
	KJZZ	14		Salt Lake City, Utah
	KJZZ KUPX	14 16		Salt Lake City, Utah Provo, Utah
	KJZZ KUPX	14 16		Salt Lake City, Utah Provo, Utah
	KJZZ KUPX	14 16		Salt Lake City, Utah Provo, Utah
	KJZZ KUPX	14 16		Salt Lake City, Utah Provo, Utah
	KJZZ KUPX	14 16		Salt Lake City, Utah Provo, Utah
	KJZZ KUPX	14 16		Salt Lake City, Utah Provo, Utah
	KJZZ KUPX	14 16		Salt Lake City, Utah Provo, Utah
	KJZZ KUPX	14 16		Salt Lake City, Utah Provo, Utah
	KJZZ KUPX	14 16		Salt Lake City, Utah Provo, Utah
	KJZZ KUPX	14 16		Salt Lake City, Utah Provo, Utah
	KJZZ KUPX	14 16		Salt Lake City, Utah Provo, Utah
	KJZZ KUPX	14 16		Salt Lake City, Utah Provo, Utah
	KJZZ KUPX	14 16		Salt Lake City, Utah Provo, Utah

EGAL NAME OF								SYSTEM I
Central Telc	om Service	es LLC						296
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
ecceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether if the radio stat this by placing tive the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process (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	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Central Telcom Servic	es LLC						29642
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per				s. anv nonnet	work televis	ion program	า
Statement and	broadcast by a distant star	•			o, any normo		YES	× NO
Program Log	-						-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete	the program	n
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible. if their	meaning is	
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.			-	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							1.
	"NBA Basketball: 76ers vs.	Bulls."				• *	,	
				"Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the	FCC or in	
	the case of Mexican or Can	adian statio	ns, if any, the o	community with which the	station is iden	itified).		
			when your syst	tem carried the substitute	program. Use	numerals, v	vith the mor	nth
	first. Example: for May 7 giv		cubatituto prov	gram was carried by your	cablo system	List the time	os accurato	by .
	to the nearest five minutes.							iy
	stated as "6:00–6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	inning that y				na regulatio		
	S	UBSTITUT	E PROGRAM	I		N SUBSTI AGE OCCU		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		IMES — TO	DELETION
							-	
						-		
							_	
						-	_	
							_	
						-	_	
						-	_	
						-	_	
						-	_	
							_	
1								

	LEGAL NAME OF	OWNER OF CABL	E SYSTEM:						:	SYSTEM I
Name	Central Tel	com Service	es LLC							296
K Gross Receipts	all amounts (g (as identified i page (vii) of th Gross red	The figure you gross receipts) in space E) du ne general inst ceipts from sub	paid to you ring the acc ructions loc oscribers fo	ur cable syster counting perio cated in the pa or secondary tr	m by subsc d. For a fur aper SA1-2 ransmissior	ribers for the ther explana form. I service(s)	e system's ition of ho	secondary t w to comput	ay. Enter the tota ransmission serv e this amount, se	ice e
	•	e accounting p : You must cor								B9,976.10 gross receipts)
L Copyright Royalty Fee	COPYRIGHT F Instructions: Tu • Complete bloc • Use block 1 if • Use block 2 if • Use block 3 if See page (vi) of t	o compute the ck 1, block 2, the amount of the amount of the amount of	royalty fee or block 3. gross rece gross rece gross rece	eipts in space l eipts in space l eipts in space l	K is more th K is more th	nan \$137,10 nan \$263,80	0 but less	than \$527,6		
			BLC	OCK 1: GROS	SS RECEIF	PTS OF \$13	7,100 OF	RLESS		
	Instructions: A accounting per		m with gross	s receipts of \$1	137,100 or le	ess, the roya	lty fee that	: you must pa	y for this six-montl	า
		y fee for accour	nting period							
		,	01							0.00
	Line 2. Interes	t charge. Enter	r the amoun	t from line 4, s	pace Q, pag	je 8				0.00
	Line 3. TOTAL	ROYALTY FE	E PAYABL	E FOR ACCO	UNTING PE	RIOD Add I	ines 1 and	2	······	
		BLOC	K 2: GROS	SS RECEIPTS	S OF \$263	,800 OR LE	SS (but r	more than \$	137,100)	
	1. Base amour	nt under statuto	ry formula .				\$	263,800	.00	
	2. Enter amou	nt of gross rece	eipts from sp	асе К			\$	189,976	.10	
	3. Subtract line	e 2 from line 1 .					\$	73,823	.90	
		nount of gross i						-	189,976.10	-
	5. Enter the an	mount from line	3					. \$	73,823.90	-
		e 5 from line 4 .								-
	7. Multiply line	6 by .005 (ente	er figure her	e)					\$	580.76
	8. Interest cha	rge. Enter the	amount fron	n line 4, space	Q, page 8.				····	0.00
	9. TOTAL RO	YALTY FEE PA	AYABLE FO		ING PERIO	D. Add lines	7 and 8		<u>\$</u>	580.76
		BLOCK	3: GROSS	S RECEIPTS	OF MORE	THAN \$26	3,800 (bı	ut less than	\$527,600)	
	1. Enter the an	nount of gross i	receipts fron	n space K						
		nt under statuto							.00	
		e 2 from line 1.								
		3 by .01								
	5. Royalty due	on the first \$26	63,800 of gro	oss receipts (u	nder statuto	ry formula).		\$	1,319.00	-
	6. Interest cha	rge. Enter the	amount fron	n line 4, space	Q, page 8.				0.00	-
	7. TOTAL RO	YALTY FEE PA	AYABLE FO		ING PERIO	D. Add lines	4, 5, and 6			-
				EE AND TO						
Filing Fee and otal Remittance	1. Royalty Fee	Payable for Ac	counting Pe	eriod (from Blo	ck 1, 2, or 3	, above)		\$	580.76	_
Due	2. Filing Fee (S	See the instruct	ions for mor	re information	on filing fee	calculations)		. \$	20.00	
	U V				Ū	,				-
	3. TOTAL AM	OUNT DUE FO	R ACCOUN	NTING PERIO	D. Add line	s 2 and 3			\$	600.76
	1									

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Central Telcom Services LLC	SYSTEM ID# 29642
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	9 245
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Paul Peckham Telephone	(435) 427-0561
	Address P.O. Box 7 (Number, street, rural route, apartment, or suite number) Fairview, Utah 84629 (City, town, state, zip)	
	Email p.peckham@centracom.com Fax (optional) (435) 427-32	00
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer 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. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /S/ Eddie L. Cox Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	rstem as identified
	Typed or printed name: Eddie L. Cox Title: President & General Manager	
	(Title of official position held in corporation or partnership) Date: 7/12/2018	

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unting Period: 2018/1		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
tral Telcom Services LLC		296
 SPECIAL STATEMENT CONCERNING GROSS RI The Satellite Home Viewer Act of 1988 amended Title 17, section of subscribers and the service of providing secondary transmissions of primary scribers and amounts collected from subscribers receivers. For more information on when to exclude these amounts, see located in the paper SA1-2 form. During the accounting period, did the cable system exclude arr made by satellite carriers to satellite dish owners? X NO 	tion 111(d)(1)(A), of the Copyright Act by adding the fol- e gross amounts paid to the cable system for the basic y broadcast transmitters, the system shall not include sub- ving secondary transmissions pursuant to section 119." the 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) be	low	
Name	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments	submitted as a result of a late navment or undernavment	
For an explanation of interest assessment, see page (viii) of the	ne general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment	ne general instructions located in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	e general instructions located in the paper SA1-2 form.	Q Interest Assessme
	e general instructions located in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum h	here	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	here	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum H Line 3 Multiply line 2 by the number of days late and enter the	ne general instructions located in the paper SA1-2 form. x here x days e sum here	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum h	e sum here	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum h Line 3 Multiply line 2 by the number of days late and enter the Line 4 Multiply line 3 by 0.00274** and enter here	e sum here	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum h Line 3 Multiply line 2 by the number of days late and enter the Line 4 Multiply line 3 by 0.00274** and enter here	ne general instructions located in the paper SA1-2 form. x kere x days e sum here x	Q Interest Assessme
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum h Line 3 Multiply line 2 by the number of days late and enter the 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 * To view the interest rate chart click on <i>www.copyright.gov</i> 	ne general instructions located in the paper SA1-2 form. x x here x days e sum here x	Q Interest Assessme
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum I Line 3 Multiply line 2 by the number of days late and enter the 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 * To view the interest rate chart click on <i>www.copyright.go</i> contact the Licensing Division at (202) 707-8150 or licenter 	x x here - x - x - x - x - x - x - x - x - x - x - x 0.00274 x 0.00274 x - x - x - x - x 0.00274 x - x - y/licensing/interest-rate.pdf. For further assistance please sing@loc.gov. rest assessment for one day late. account already submitted to the Copyright Office, please	Q Interest Assessment
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum H Line 3 Multiply line 2 by the number of days late and enter the 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 * To view the interest rate chart click on <i>www.copyright.gor</i> contact the Licensing Division at (202) 707-8150 or licen ** This is the decimal equivalent of 1/365, which is the interest of list below the owner, address, first community served, ID number of list below the owner, address, first community served, ID number of list below the owner, address 	x x here - x - x - x - x - x - x - x - x - x - x - x 0.00274 x 0.00274 x - x - x - x - x 0.00274 x - x - y/licensing/interest-rate.pdf. For further assistance please sing@loc.gov. rest assessment for one day late. account already submitted to the Copyright Office, please	Q Interest Assessme
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