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 | 08/28/2018 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |

| A | ACCC | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|----------------------|------|--|-------|
| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| | | 20181 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. | 38176 |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | |
| | | CAP Cable, LLC | |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) | |
| | | | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM | |
| | | 920 E 56th St Suite B (Number, street, rural route, apartment, or suite number) | |
| | | Kearney NE, 68847 (City, town, state, zip) | |
| С | | UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | |
| | | | |
| | 2 | (Number, street, rural route, apartment, or suite number) | |
| | | (City, town, state, zip code) | |

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

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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|-----------------------|--|---|
| | CAP Cable, LLC | 38176 |
| D | Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings. | mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobile l identified city. | nome parks should be reported in parentheses below the |
| | CITY OR TOWN | STATE |
| First | Black Hawk | СО |
| Community | | |
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| Add Rows as Necessary | | |
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|--|---|---|---|---|--|---|---|---|-----------|
| Name | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | 515 | 3817 |
| | CAP Cable, LLC | | | | | | | | 3017 |
| E | SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission | pace E should on of television | cover a and rac | Il categories of lio broadcasts b | secondary by your sys | stem to subscrib | oers. Give | information | |
| Secondary Transmission Service: Sub- scribers and Rates | about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc 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 first set" and would be counted o | (June 30 or D blocks in space (transmission umber of billing ice at the rate in harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc where an ind should be cour ble service to a | ecembe ce E cal service. s in tha ndicate h categ 20/mth") for adva e form li ribers. C dividual nted as addition | er 31, as the case I for the numbe In general, you t category (the d—not the num ory of service. If Summarize ar ance payment. sts the categori Give the numbe or organization a subscriber in al sets would be | se may be r of subsc u can com number of ber of sets nclude boint ny standar es of seco r of subsc is receivin each appl e included |). ribers to the cat pute the numbe persons or org s receiving serv th the amount o d rate variations ondary transmis ribers and rate th ng service that f icable category. | ole system r of subscr anizations ice). f the charg s within a p sion servic or each lis alls under Example: | , broken ribers in charged ge and the particular rate et that cable sted category different a residential | |
| | Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient. | has rate catego iers of services ind rates, in the | ories for that ind | secondary tran | smission | lary transmissio | ns), list the on of the s | em, together ervice is | |
| | BLC | DCK 1 NO. OF | | | | | BLOC | K 2 NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIB | | RATE | CATE | EGORY OF SEI | RVICE | SUBSCRIBERS | RAT |
| | Residential: • Service to first set | | 176 | 35.50 | | | | | |
| | Service to additional set(s) FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial Converter | | | | | | | | |
| | Residential Non-residential | | | | | | | | |
| F Services Other Than Secondary Iransmissions: Rates | SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip | e (not subscrib hose services l e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg | ber) info that are ns: you hished to usually he cable stem fur he was n | rmation with res not offered in c do not need to o nonsubscriber billed. If any ra e system for eac nished or offeren nade or establis | spect to all ombinatio give rate i rs. Rate in tes are ch ch of the a ed during t | n with any secon nformation cond formation shoul arged on a varia upplicable servic he accounting p | ndary tran cerning (1) d include t able per-pr ces listed. ceriod that | smission services ooth the ogram basis, were not | |
| | | BLO | | | 105 | DATE | | BLOCK 2 | |
| | CATEGORY OF SERVICE Continuing Services: | RATE | | BORY OF SERV ation: Non-resi | | RATE | CATEG | ORY OF SERVICE | RAT |
| | Pay cable Pay cable—add'l channel | 35.45 | • Mo | tel, hotel mmercial | | 49.95 | Digital | Service | 13. |
| | Fire protection | | • Pay | / cable | | | | | |
| | •Burglar protection | | - | / cable-add'l ch | annel | | | | |
| | Installation: Residential First set | 49.95 | | e protection glar protection | | | | | |
| | Additional set(s) | 49.90 | | services: | | | | | |
| | • FM radio (if separate rate) | | | connect | | 49.95 | | | |
| | • Converter | | • Dis | connect | | | | | |
| | 1 | | | tlet relocation | | | 1 | | |

| | LEGAL NAME OF OWNER C | E CABLE SYSTEM | | SYSTEM |
|-----------------|---|--|--|--|
| me | CAP Cable, LLC | FOADLE STOTLINI. | | 38 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| y ers: on | carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these the column 4: Give the location | also in space I, if the station was carried on concerning substitute basis stations, in's call sign. <i>Do not</i> report origination p id with a station according to its over-the | (1) stations carried only on a part- he carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station | ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | KWGN | 2 | N | Denver, CO |
| | KDVR | 31 | N | Denver, CO |
| essary | KCNC | 4 | Ν | Denver, CO |
| | KRMA | 18 | E | Denver, CO |
| | KMGH | 7 | Ν | Denver, CO |
| | KUSA | 9 | N | Denver, CO |
| | κτνd | 20.1 | Ν | Denver, CO |
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| Accounting P | | | | | | | FORM | I SA1-2E. PAGE |
|---|--|---|---|---|---|--|--|-----------------------------------|
| LEGAL NAME OF | | CABLE SY | /STEM: | | | | | SYSTEM ID |
| CAP Cable, I | LLC | | | | | | | 3817 |
| | every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G | it is carried b monitoring, to prmation about m. lentify the call tate whether if the radio stat this by placing ive the station | y the sys be recein at the Co l sign of e the static ion's sign g a chech n's locati | I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the s opyright Office regulations on t 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 | t the system's he system's FM ante this point, see pa sed by the cable s he station is licens | 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, ated intervals. nstructions in the. and discrete | Primary Transmitters: Radio |
| | | I | | 1 | | 1 | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | d: 2018/1 | | | | | | FORM | M SA1-2E. PAGE 5. |
|-------------------------|--|-----------------------|---------------------------|-----------------------------|---------------------|---------------------|------------|---------------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | CAP Cable, LLC | | | | | | | 38176 |
| | SUBSTITUTE CARRIAGI | | | | ^ | | | |
| | | | | | | | | |
| I I | In General: In space I, identi substitute basis during the a | | | | | | | |
| Cubatituta | explanation of the programm | | | | | | | |
| Substitute Carriage: | | | | | s general mat | | | 2 101111. |
| Special | 1. SPECIAL STATEMEN | | | | | hunder folge date | | |
| Statement and | During the accounting per | - | r cable system | carry, on a substitute bas | s, any nonne | | | |
| Program Log | broadcast by a distant star | tion? | | | | | YES | × NO |
| | Note: If your answer is "No' | , leave the | rest of this pag | e blank. If your answer is | "Yes," you mu | ist complete th | ne progran | n |
| | log in block 2. | | | - | - | · | | |
| | 2. LOG OF SUBSTITUTE | | MS | | | | | |
| | In General: List each subst | | | te line. Use abbreviations | wherever pos | sible, if their n | neaning is | |
| | clear. If you need more spa | | | | | | | |
| | | | | sion program ("substitute | | | | · |
| | period, was broadcast by a under certain FCC rules, re | | | | | | | |
| | Do not use general categori | | | | | | | - |
| | "NBA Basketball: 76ers vs. | | | | | | 2009 0. | |
| | | | | r "Yes." Otherwise enter "N | | | | |
| | | | | sting the substitute progra | | = | | |
| | the case of Mexican or Can | | | e community to which the | | | CC or, in | |
| | | | | tem carried the substitute | | | h the mon | th |
| | first. Example: for May 7 giv | , | inion your eye | | | namoralo, m | | |
| | | | substitute pro | gram was carried by your | cable system. | List the times | accuratel | у |
| | to the nearest five minutes. | Example: a | program carrie | ed by a system from 6:01: | 15 p.m. to 6:2 | 8:30 p.m. sho | uld be | |
| | stated as "6:00–6:30 p.m." | | | was substituted for sus and | | | | al |
| | to delete under FCC rules a | | | was substituted for progra | | | | |
| | was substituted for program | | | | | | | |
| | effect on October 19, 1976. | | | | | 0 | | |
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| | | | | | | N SUBSTITU | | |
| | 5 | | E PROGRAM | | | AGE OCCUF 6. TIM | | 7. REASON FOR DELETION |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | FROM — | ES TO | |
| | | 100 01 110 | | | 7 | | | |
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| Accounting Period: | 2018/1 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|---|---------------------------------|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CAP Cable, LLC | S | YSTEM ID# 38176 |
| 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 (viii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. | mission servic s amount, see | of e 7,942.67 |
| 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) | |
| | 1. Base amount under statutory formula | | |
| | 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 | 7,600) | |
| | 1. Enter the amount of gross receipts from space K | | |
| | 2. Base amount under statutory formula | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Multiply line 3 by .01 | | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) | 1,319.00 | |
| | 6. Interest charge. Enter the amount from line 4, space Q, page 8 | 0.00 | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | | |
| | FILING FEE AND TOTAL REMITTANCE DUE | | |
| | | | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 52.00 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 67.00 |
| | Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat | | hts! |

| Accounting Period: | 2018/1 | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CAP Cable, LLC | SYSTEM ID 38176 |
| 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 | 7 |
| 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 Amber Reineke Telephone | 308-698-1442 |
| | Address 920 E 56th St Suite B (Number, street, rural route, apartment, or suite number) Kearney, NE 68847 (City, town, state, zip) | |
| | Email amber.reineke@usacommunications.tv Fax (optional) | |
| 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 E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables in line 1 of space B and that the owner is not a corporation or partnership; or (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/ Amber Reineke | 3; or ystem as identified |
| | Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Amber Reineke Title: CFO (Title of official position held in corporation or partnership) Date: 8/24.18 | |

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 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 lay

| | FORM SA1-2E. PAGE |
|---|--|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| Cable, LLC | 3817 |
| 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. 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? X NO YES. Enter the total here and list the satellite carrier(s) below | P Special Statement Concerning Gross Receipts Exclusion |
| 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. | Q |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessme |
| A A A A A A A A A A A A A A A A A A A | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | _ |
| 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 | - |
| 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 | - |
| 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 | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | |

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 th 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 Office'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.