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 COPYRIGHT	FOFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	8/21/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional - see instructions)	
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.	61663
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		PROJECT MUTUAL TELEPHONE CO INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 366 (Number, street, rural route, apartment, or suite number)	
		RUPERT, ID 83350 (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 s 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:	
		РМТ	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	PO BOX 366 (Number, street, rural route, apartment, or suite number)	
		RUPERT, ID 83350	
		(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 suffciency of the fing, a determination that would be made by a court of law.

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Name		SYSTEM ID#
	PROJECT MUTUAL TELEPHONE CO INC	61663
_	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated of	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	as the "first community." Please use it as the first community on all future filings.	list will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area	identified city.	nome parks should be reported in parentneses below the
Served		
First	CITY OR TOWN PAUL	STATE IDAHO
ommunity	OAKLEY	IDAHO
-	HEYBURN	IDAHO
ws as Necessary	BURLEY	IDAHO
vs as necessary	TWIN FALLS	IDAHO

							FORM SA1	-
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					SYS	
	PROJECT MUTUAL TEL	EPHONE CO	INC					6166
-	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIBERS AND R	ATES				
E	In General: The information in s							
<u> </u>	system, that is, the retransmission							
Secondary Transmission	about other services (including p last day of the accounting period					nose existii	ng on the	
Service: Sub-	Number of Subscribers: Both					le svstem.	broken	
scribers and	down by categories of secondary					,		
Rates	each category by counting the nu						charged	
	separately for the particular serv						a and the	
	Rate: Give the standard rate c unit in which it is generally billed.							
	category, but do not include disc					, within a b		
	Block 1: In the left-hand block				ondary transmis	sion servic	e that cable	
	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							
	Block 2: If your cable system I	has rate categori	es for secondary tra	insmission				
	printed in block 1 (for example, ti							
	with the number of subscribers a sufficient.	ind rates, in the r	ight-hand block. A t	wo- or thre	e-word descripti	on of the se	ervice is	
		OCK 1				BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEF	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:			0, (1)			000001102110	
	Service to first set	1.	577 14.87					
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC							
F	In General: Space F calls for rat not covered in space E, that is, the	•	•	•	• •			
-	service for a single fee. There ar							
Services	furnished at cost or (2) services							
Other Than	amount of the charge and the un		sually billed. If any r	ates are ch	narged on a varia	able per-pro	ogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		cable system for e	ach of the a	annlicable servic	es listed		
Rates	Block 2: List any services that						were not	
	listed in block 1 and for which a s							
	brief (two- or three-word) descrip	otion and include	the rate for each.					
		BLOCK	٢1				BLOCK 2	
	CATEGORY OF SERVICE		ATEGORY OF SEF		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	Ir	stallation: Non-re	sidential				
	• Pay cable		 Motel, hotel 					
	 Pay cable—add'l channel 		 Commercial 					
	Fire protection		• Pay cable					
	•Burglar protection		Pay cable-add'l c	hannel				
	Installation: Residential		 Fire protection 					
	First set		Burglar protection	ו				
	 Additional set(s) 	0	ther services:					
	 FM radio (if separate rate) 		 Reconnect 					
	Converter		Disconnect					
			 Outlet relocation 					
			Galot i biobalion					

	2018/1	NE CADI E OVOTEM-		SYSTEM
Name		TELEPHONE CO INC		61e
	PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, is Substitute Basis Station- basis under specific FCC r • Do not list the station he station was carried only of • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eact educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the location	lentify every television station (including t em during the accounting period, <i>except</i> ; in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su be Special Statement and Program I both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program i Log)—if the so on some other tions. iPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	CREATE TV	3	E	BOISE, ID
	KSAW	6	Ν	TWIN FALLS, ID
as Necessary	KTFT	7	N	BOISE, ID
	KIFI	8	Ν	IDAHO FALLS, ID
	24-7 NEWS	9	l	BOISE, ID
	KIPT	10	E	POCATELLO, ID
	кмут	11	Ν	TWIN FALLS, ID
	KPVI	12	Ν	POCATELLO, ID
	KPVI KBAX	<u>12</u> 16	<u>N</u>	POCATELLO, ID TWIN FALLS, ID
			N 1	
	KBAX	16		TWIN FALLS, ID
	KBAX CW	16 17	1	TWIN FALLS, ID TWIN FALLS, ID
	KBAX CW KSVT	16 17 21	 	TWIN FALLS, ID TWIN FALLS, ID TWIN FALLS, ID
	KBAX CW KSVT PBSWORLD	16 17 21 23	1 1 N E	TWIN FALLS, ID TWIN FALLS, ID TWIN FALLS, ID BOISE, ID
	KBAX CW KSVT PBSWORLD	16 17 21 23	1 1 N E	TWIN FALLS, ID TWIN FALLS, ID TWIN FALLS, ID BOISE, ID
	KBAX CW KSVT PBSWORLD	16 17 21 23	1 1 N E	TWIN FALLS, ID TWIN FALLS, ID TWIN FALLS, ID BOISE, ID
	KBAX CW KSVT PBSWORLD	16 17 21 23	1 1 N E	TWIN FALLS, ID TWIN FALLS, ID TWIN FALLS, ID BOISE, ID
	KBAX CW KSVT PBSWORLD	16 17 21 23	1 1 N E	TWIN FALLS, ID TWIN FALLS, ID TWIN FALLS, ID BOISE, ID
	KBAX CW KSVT PBSWORLD	16 17 21 23	1 1 N E	TWIN FALLS, ID TWIN FALLS, ID TWIN FALLS, ID BOISE, ID
	KBAX CW KSVT PBSWORLD	16 17 21 23	1 1 N E	TWIN FALLS, ID TWIN FALLS, ID TWIN FALLS, ID BOISE, ID
	KBAX CW KSVT PBSWORLD	16 17 21 23	1 1 N E	TWIN FALLS, ID TWIN FALLS, ID TWIN FALLS, ID BOISE, ID
	KBAX CW KSVT PBSWORLD	16 17 21 23	1 1 N E	TWIN FALLS, ID TWIN FALLS, ID TWIN FALLS, ID BOISE, ID

Accounting P	eriod: 2018	/1					FORM	I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID
PROJECT M	UTUAL TE	LEPHC	ONE CO INC					6166
	t every radio s	station ca	arried on a separate and disco nerally receivable by your cal					н
receivable if (1) on the basis of if For detailed info coaper SA1-2 for Column 1: Io Column 2: S Column 3: If	it is carried b monitoring, to prmation about rm. dentify the cal tate whether the radio stat	y the sys be recein at the Co sign of e the static ion's sign	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	at the system's he system's FM ante this point, see pa	eadend, and (2 enna, during co ge (v) of the g) it can ertain st eneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters: Radio
Column 4: G	live the station	n's locati	< mark in the "S/D" column. on (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2018/1						FORM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	PROJECT MUTUAL TE	LEPHON	E CO INC				61663
					•		
	SUBSTITUTE CARRIAGE					on that your cable	e system carried on a
-	substitute basis during the a						
Substitute	explanation of the programm				e general instru	uctions in the pape	er SA1-2 form.
Carriage:	1. SPECIAL STATEMENT						
Special Statement and	 During the accounting period 		r cable system	carry, on a substitute basi	s, any nonnet	work television pr	
Program Log	broadcast by a distant stat	tion?				Y	ES XNO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	st complete the p	orogram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa-				wherever pos	sible, if their mear	ning is
				sion program ("substitute	orogram") tha	t, during the acco	unting
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitute	d for the prog	ramming of anoth	er station
	under certain FCC rules, reg Do not use general categori						
	"NBA Basketball: 76ers vs.			toali. List speelile program			
				"Yes." Otherwise enter "N			
				sting the substitute progra the community to which the		need by the ECC	or in
	the case of Mexican or Can						01, 111
	Column 5: Give the mon	th and day		tem carried the substitute			ne month
	first. Example: for May 7 giv		aubatituta pro	arom was carried by your	able avetom	List the times as	ourotoly
	to the nearest five minutes.			gram was carried by your (ed by a system from 6:01:1			
	stated as "6:00–6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a was substituted for program						program
	effect on October 19, 1976.						
	s	UBSTITUT	E PROGRAM	I		N SUBSTITUTE AGE OCCURRE	D 7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. TIMES FROM —	DELETION
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAY	FROM —	10
						_	
						_	
						·	
						_	

Accounting Period:	2018/1		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	PROJECT MUTUAL TELEPHONE CO INC			61663
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of h 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	i's secondary tran now to compute th	smission servic iis amount, see	e 9,714.00
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 les • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but les See page (vi) of the general instructions located in the paper SA1-2 form for more inform	s than \$527,600	o \$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee th accounting period is \$52.00 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 ar	nd 2	· · · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but		(,100)	
	1. Base amount under statutory formula	263,800.00	_	
	2. Enter amount of gross receipts from space K	139,714.00	_	
	3. Subtract line 2 from line 1	124,086.00	_	
	4. Enter the amount of gross receipts from space K	\$	139,714.00	
	5. Enter the amount from line 3	\$	124,086.00	
	6. Subtract line 5 from line 4	\$	15,628.00	
	7. Multiply line 6 by .005 (enter figure here)		\$	78.14
	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 .		\$	78.14
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (I	out less than \$52	27,600)	
	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)			
	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 Foc and				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	78.14	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	98.14
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form	•		hts!

Name M Channels		F OWNER OF CABLE SYSTEM: UTUAL TELEPHONE CO IN	NC	SYSTEM ID# 61663
	CHANNELS			01000
	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	ers, and (2) the cable system's tal number of channels on whice ed television broadcast stations tal number of activated channe e cable system carried television	ss	s
N Individual to Be Contacted		TO BE CONTACTED IF FURT about this statement of accou	HER INFORMATION IS NEEDED (Identify an individual to whom unt.)	
for Further Information	Name	RICK HARDER	Telepho	ne 208-434-7124
	Address	PO BOX 366		
		(Number, street, rural route, apa RUPERT, ID 83350 (City, town, state, zip)	rtment, or suite number)	
	Email	rharder@pmt.	coop Fax (optional) 208-436-	/124
O Certification			nust be certified and signed in accordance with Copyright Office regulation one, <i>but only one</i> , of the boxes.)	3)
	(Ow	mer other than corporation or	partnership) I am the owner of the cable system as identified in line 1 of space	B; or
			ration or partnership) I am the duly authorized agent of the owner of the cable owner is not a corporation or partnership; or	system as identified
		ficer or partner) I am an officer in line 1 of space B.	(if a corporation) or a partner (if a partnership) of the legal entity identified as o	wner of the cable system
	are true, compl		I hereby declare under penalty of law that all statements of fact contained here y knowledge, information, and belief, and are made in good faith.	n
			X "/s/ Rick Harder"	_
			Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printe	ed name: RICK HARDER	
		Title: (Title of	CFO/TREASURER official position held in corporation or partnership)	
		Date:	08-21-18	

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Inting Period: 2018/1			FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM
JECT MUTUAL TELEPHONE CO INC			616
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the gru service of providing secondary transmissions of primary be scribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, see the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any a made by satellite carriers to satellite dish owners?	n 111(d)(1)(A), of the C oss amounts paid to th roadcast transmitters, g secondary transmissi e note on page (vii) of t	Copyright Act by adding the fol- ne cable system for the basic the system shall not include sub- ions pursuant to section 119." the general instructions	P Special Statemen Concerning Gross Receipts Exclusio
X NO			
YES. Enter the total here and list the satellite carrier(s) below	/	\$	
Name	Name Mailing Address		
INTEREST ASSESSMENT			
You must complete this worksheet for those royalty payments sut For an explanation of interest assessment, see page (viii) of the g			Q
	general instructions loc		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the g	general instructions loc		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment	general instructions loc	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the g	general instructions loc	x	
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	e	xday	
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment	e	xday	
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su	e	xday	
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su Line 4 Multiply line 3 by 0.00274** and enter here	general instructions loc	x day:	
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su	general instructions loc	xday	
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su Line 4 Multiply line 3 by 0.00274** and enter here	general instructions loc	x days xdays x 0.00274 \$(interest charge)	
 For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su 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 * To view the interest rate chart click on <i>www.copyright.gov/lid</i> contact the Licensing Division at (202) 707-8150 or licensing 	general instructions loc e	x day: x x day: x x day: x 0.00274 \$ (interest charge) df. For further assistance please	
 For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum 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 * To view the interest rate chart click on <i>www.copyright.gov/lid</i> contact the Licensing Division at (202) 707-8150 or licensing ** This is the decimal equivalent of 1/365, which is the interest 	general instructions loc e	x day: x x day: x x day: x 0.00274 \$ (interest charge) df. For further assistance please day late.	
 For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su 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 * To view the interest rate chart click on <i>www.copyright.gov/lid</i> contact the Licensing Division at (202) 707-8150 or licensing 	general instructions loc e	x	
 For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum 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 * To view the interest rate chart click on <i>www.copyright.gov/lid</i> contact the Licensing Division at (202) 707-8150 or licensing ** This is the decimal equivalent of 1/365, which is the interest 	general instructions loc e	x	
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