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	IT OFFICE USE ONLY	Return completed workbool 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
Δ			

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		GEORGIA WINDSTREAM LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		2000 COMMUNICATIONS BLVD (Number, street, rural route, apartment, or suite number)
		BALDWIN GA 30511-1762 (City, town, state, zip)
С		CTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
	names	a lready 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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	GEORGIA WINDSTREAM LLC	63250
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, c	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter knowr filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	RINCON	GA
Community	THE GEORGIAN	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	-2E. PAGE
Name								313	6325
	GEORGIA WINDSTREAI	MLLC							0020
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIE	BERS AND RA	TES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						hose existir	ng on the	
Service: Sub-	Number of Subscribers: Both						ole system.	broken	
scribers and	down by categories of secondary	rtransmission	service.	In general, you	u can com	pute the numbe	r of subscri	bers in	
Rates	each category by counting the nu							charged	
	separately for the particular server Rate: Give the standard rate c							and the	
	unit in which it is generally billed.								
	category, but do not include disc								
	Block 1: In the left-hand block	in space E, the	e form lis	sts the categor					
	systems most commonly provide								
	that applies to your system. <b>Note</b> categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o	nce again und	er "Servi	ce to additiona	al set(s)."				
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	inu rates, in the	e ngni-na	and DIOCK. A IM	vo- or the	e-word descripti		ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	000001110	2.110		0.11			000001102110	
	Service to first set		22	54.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
			I						
	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 of	or facilities furr	hished to	nonsubscribe	rs. Rate ir	nformation shoul	d include b	oth the	
Other Than	amount of the charge and the un		usually I	billed. If any ra	tes 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		he cable	system for ea	ch of the a	applicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s				shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	tion and inclue	le the rat	te for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:     Pay cable	19.00		tion: Non-res el, hotel	identiai		PPV		Р
	• Pay cable—add'l channel	19.00		nmercial					
	• Fire protection			cable					
	•Burglar protection		,	cable-add'l ch	annal				
	Installation: Residential			protection					
	• First set			glar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect					
	• Converter			connect					
	Converter								
				et relocation	<b>6</b> 99				

Accounting Period:	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	GEORGIA WINDSTRE	EAM LLC		63250
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast). For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- pr "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t 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 in 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
	WGSA	34	N	SAVANNAH GA
	WSAV	3	N	SAVANNAH GA
Add Rows as Necessary	WVAN	9	<u>E</u>	
	WTGS	28	<b>N</b>	SAVANNAH GA
	WTOC	11	E	SAVANNAH GA
	WJCL	22	N	SAVANNAH GA
	MJM1	16	E	SAVANNAH GA
		1		

EGAL NAME O								SYSTEM II 632
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					Н
Special Instruc- eceivable if (1) in the basis of for detailed infr aper SA1-2 fo Column 1: la Column 2: S Column 3: la ignal, indicate Column 4: C	ctions Conce of it is carried b monitoring, to ormation about rm. dentify the call State whether of the radio state this by placing Sive the station	rning Al y the syst be recein at the Co l sign of the static tion's sig g a chech n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office at the system's he system's FM anto this point, see pa sed by the cable s ne station is licen	regulations, ar eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can eertain s general i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	1	1		1	1	1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						
		+						
		+						
		+						
	+							

Accounting I chie	d: 2018/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	GEORGIA WINDSTRE	AM LLC						63250
	SUBSTITUTE CARRIAG				<u> </u>			
I I					-	on that your a	abla avata	m corriad on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	<ul> <li>During the accounting per</li> </ul>				s, any nonnet	work televisio	n program	ı
Statement and	broadcast by a distant sta		···· <b>,</b> ···	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,-,		YES	× NO
Program Log	, , , , , , , , , , , , , , , , , , ,						-	
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is '	'Yes," you mu	st complete th	e prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE			te line. I lee ekknevistiene v		sible if the sines		
	In General: List each subst clear. If you need more spa				wherever pos	sidle, if their m	leaning is	
				ision program ("substitute p	program") tha	t, during the a	ccounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of an	other stat	tion
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further ir	nformatior	۱.
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or	
	"NBA Basketball: 76ers vs.		deast live onto	r "Yes." Otherwise enter "N	lo."			
				isting the substitute progra				
				ne community to which the		nsed by the F0	CC or, in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	tified).		
			when your sys	tem carried the substitute p	orogram. Use	numerals, with	h the mor	nth
	first. Example: for May 7 giv							h
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."		a program came		15 p.m. to 0.2	5.50 p.m. snot	liu be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	is require	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulations	in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	ITE	
			E PROGRAM	1		N SUBSTITU AGE OCCUR		7. REASON FOR
	s		E PROGRAM	1			RED	7. REASON FOR DELETION
		UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCCUR	RED	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUR 6. TIM	RED ES	1

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GEORGIA WINDSTREAM LLC	S	YSTEM ID# 63250
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 (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 9,641.22
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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: GEORGIA WINDSTREAM LLC	SYSTEM ID# 63250
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	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted for Further Information	Name PAM HENDRIX Telephone	706.776.4618
	Address 2000 COMMUNICATIONS BLVD (Number, street, rural route, apartment, or suite number) BALDWIN GA 30511 (City, town, state, zip)	
	Email Sandra.blade@windstream.com Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>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)]</li> </ul>	rstem as identified
	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 printed name: TIMOTHY P LOKEN Title: DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)	
	Date: AUGUST 27, 2018	

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unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DRGIA WINDSTREAM LLC	632
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> </ul>	P Special Statemen Concerning Gross Receipts Exclusio
ΧΝΟ	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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