This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY  DATE RECEIVED AMOUNT								
DATE RECEIVED AMOUNT	FOR COPYRIGHT OFFICE USE ONLY							
	DATE RECEIVED	AMOUNT						
\$ ALLOCATION NUMBER	02/05/2019							

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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
		Lake County
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		d/b/a Lake Connections
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		409 17th Avenue (Number, street, rural route, apartment, or suite number)
		Two Harbors, MN 55616 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		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.

Name  Lake County  Instructions. Late ach separate community served by the cable system. A "community" is the same as a "community unit" as defined in Cable System. A "community" is the same as a "community unit" as defined in Cable System. A "community to the will serve as a form of system identification be earlier for its community on a form of further community in the same as a "community that you be the serve as a form of system identification be earlier for its community on a form of short of flags. After the community on a flags of flags of the cable system and properties such as hotels, sportments, condominisms, or mobile home parks should be reported in parentheses below the dentified chy.  City of Aurora  City of Aurora  Township of Wassas.  Township of Wassas.  City of Aurora  Township of Wassas.  City of Bayer Bay  City of Bayer Bay  City of Bayer Bay  City of Babbitt.  Township of Cohrin.  Township of White  Unorganized Territory \$5-15.  Nin  Township of White  Unorganized Territory \$5-16.  Township of Cohrin.  Township of Cohrin.		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM I
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas). "47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  Duluth Township MN  City of Aurora MN  Township of Embarrass MN  Township of Wassa MN  City of Hoyt Lakes MN  Unorganized Territory #55-15 MN  City of Beaver Bay MN  City of Babbitt MN  Township of White MN  Unorganized Territory #56-16 MN  Township of White MN  Silver Bay MN  Silver Creek Township MN  Crystal Bay Township MN  Crystal Bay Township MN	Name		
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  Duluth Township  MN  City of Aurora  MN  City of Aurora  MN  Township of Wassa  City of Hoyt Lakes  MN  Unorganized Territory #55-15  MN  Unorganized Territory #1  MN  City of Babbitt  Township of Colvin  MN  Township of White  MN  Township of White  MN  Unorganized Territory #56-16  MN  Beaver Bay Township  MN  Beaver Bay Township  MN  City of Bay  Silver Bay  MN  Silver Creek Township  MN  Crystal Bay Township  MN			
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  Duluth Township MN  City of Aurora MN  City of Aurora MN  Township of Embarrass MN  City of Hoyt Lakes MN  Unorganized Territory #55-15 MN  City of Babbitt MN  City of Babbitt MN  City of Babbitt MN  Township of White MN  Township of White MN  Unorganized Territory #56-16 MN  Township of White MN  Beaver Bay Township MN  Silver Bay MN  Silver Bay MN  Silver Bay MN  Crystal Bay Township MN  Crystal Bay Township MN  Crystal Bay Township MN  Crystal Bay Township MN	_		
as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    CITY OR TOWN	D		
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Served identified city.  CITY OR TOWN STATE  Community  Community  Stony River Township MN  City of Aurora MN  Township of Embarrass MN  City of Hoyt Lakes MN  Unorganized Territory #55-15 MN  Unorganized Territory #1 MN  City of Beaver Bay MN  City of Babbitt MN  Township of White MN  Township of White MN  Unorganized Territory #56-16 MN  Unorganized Territory #56-16 MN  Unorganized Territory #56-16 MN  Unorganized Territory #56-16 MN  Silver Creek Township MN  City of Bay MN			an parks should be reported in parentheses below the
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Township of Kugler			MN
		Township of Kugler	MN

Accounting Period: 2018/1 FORM SA1-2E. PAGE 2 SYSTEM ID#

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Lake County

63539

## E

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

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	833	29.99	Basic	157	29.99	
<ul> <li>Service to additional set(s)</li> </ul>			Expanded Basic	415	64.99	
• FM radio (if separate rate)			Enhanced	261	74.99	
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
1	T	T		1		

## F

### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>		Motel, hotel		High Definition	9.99
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		DVR	9.99
<ul> <li>Fire protection</li> </ul>		Pay cable			
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		Wireless Add'l Set	49.99
Installation: Residential		Fire protection		НВО	19.99
<ul> <li>First set</li> </ul>		Burglar protection		Starz/Encore	14.99
<ul> <li>Additional set(s)</li> </ul>		Other services:		Cinemax	14.99
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	25.00	Showtime	14.99
Converter		Disconnect			
		Outlet relocation	50.00		
		Move to new address			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Lake County SYSTEM ID#

PRIMARY TRANSMITTERS: TELEVISION

# G

### Primary Transmitters: Television

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

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

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

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

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

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

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

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KDLH** 2 N-M DULUTH, MN **KDLH** 3 Ν **DULUTH, MN KBJR** 6 Ν **DULUTH, MN WDSE** 8 Ε **DULUTH, MN** N-M **KBJR** 9 **DULUTH, MN WDIO** 10 Ν **DULUTH, MN KQDS** 21 Ν **DULUTH, MN WDIO** 25 N-M **DULUTH, MN WDSE** 26 N-M **DULUTH, MN WDSE** 27 N-M **DULUTH, MN WDSE** 29 N-M **DULUTH, MN KQDS** 20 N-M **DULUTH, MN** 

Add Rows as Necessary

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**Lake County** 

63539

### PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

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

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							<b> </b>
			<del> </del>				

Accounting Period: 2018/1 FORM SA1-2E. PAGE 5.								
LEGAL NAME OF OWNER OF O	CABLE SYST	ГЕМ:						SYSTEM ID# 63539
substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1 arriage:  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television programment and broadcast by a distant total arriage.								For a further -2 form.
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program								
S  1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MON	RRIAGE (	OCCU 6. TIN	RRED MES	7. REASON FOR DELETION
	LEGAL NAME OF OWNER OF CLAKE County  SUBSTITUTE CARRIAGE In General: In space I, identife substitute basis during the acceptanation of the programmi  1. SPECIAL STATEMENT  • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a cunder certain FCC rules, reg Do not use general categorie "NBA Basketball: 76ers vs. If Column 3: Give the call se Column 4: Give the broat the case of Mexican or Cana Column 5: Give the montifirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. I stated as "6:00—6:30 p.m."  Column 7: Enter the letter to delete under FCC rules and was substituted for program effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYST Lake County  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting pe explanation of the programming that mus  1. SPECIAL STATEMENT CONCER  • During the accounting period, did your broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please a Column 1: Give the title of every nor period, was broadcast by a distant stati under certain FCC rules, regulations, or Do not use general categories like "mor "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast statio the case of Mexican or Canadian statio Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulatio was substituted for programming that y effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lake County  SUBSTITUTE CARRIAGE: SPECIAL STATEMEI In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in  1. SPECIAL STATEMENT CONCERNING SUBST  During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this pag log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional r Column 1: Give the title of every nonnetwork televi period, was broadcast by a distant station and that yo under certain FCC rules, regulations, or authorizations Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the the case of Mexican or Canadian stations, if any, the or Column 5: Give the month and day when your sys first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute pro to the nearest five minutes. Example: a program carrie stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system wa effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lake County  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM In General: In space I, identify every nonnetwork television program, broadcas substitute basis during the accounting period, under specific present and forme explanation of the programming that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute I broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitunder certain FCC rules, regulations, or authorizations. See page (v) of the good not use general categories like "movies" or "basketball." List specific program "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the case of Mexican or Canadian stations, if any, the community with which the case of Mexican or Canadian stations, if any, the community with which the case of Mexican or Canadian stations, if any, the community with which the case of Mexican or Canadian stations, if any, the community with which the case of Mexican or Canadian stations, if any, the community with which the case of Mexican or Canadian stations, if any, the community of the substitute program or substituted for program or carried by a system from 6: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substi	Lake County  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant substitute basis during the accounting period, under specific present and former FCC rules, re explanation of the programming that must be included in this log, see page (v) of the general in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  * During the accounting period, did your cable system carry, on a substitute basis, any not broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") period, was broadcast by a distant station and that your cable system substituted for the punder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on the sequence of the punder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on the sequence of the punder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on the sequence of the punder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on the sequence of the punder certain FCC rules, regulations, or authorizations are program ("substitute program.") Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the month and day when your system carried by substitute program.  Column 5: Give the month and day when your system carried by your cable syst to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to stated as "6:00–6:30 p.m."  Column 6: State the	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lake County  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, the substitute basis during the accounting period, under specific present and former FCC rules, regulations, explanation of the programming that must be included in this log, see page (v) of the general instructions  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must contog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, it clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for for no not use general categories like "movies" or "basketball." List specific program titles, for example, "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use nume first. Example: for May 7 give "577."  Column 6: State the times when the substitute program was carried by your cable system. List to the nearest five minutes. Example: a program carried by a system fro	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your substitute basis during the accounting period, under specific present and former FCC rules, regulations, or auth explanation of the programming that must be included in this log, see page (v) of the general instructions in the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televisic broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete to log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their recear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the aperiod, was broadcast by a distant station and that your cable system substituted for the programing of a under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love "NBA Basketball: "Foers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the F the case of Mexican or Canadian stations, if any, the community with which the station is dentified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, wifirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the time to the nearest five minutes. Example:	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lake County  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable syste substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prograt log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another statunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is location

					A1-2E. PAGE		
LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lake County				S	YSTEM ID 6353		
all amounts (gross receipts) paid to your cable systems (as identified in space E) during the accounting per page (vii) of the general instructions located in the Gross receipts from subscribers for secondary during the accounting period	tem by subscribers for the riod. For a further explana paper SA1-2 form. r transmission service(s)	e system's ition of hov	secondary trans v to compute th	smission service is amount, see	4,551.80		
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 spac  Use block 2 if the amount of gross receipts in spac  Use block 3 if the amount of gross receipts in spac	e K is more than \$137,10 e K is more than \$263,80	0 but less	than \$527,600	\$263,800			
BLOCK 1: GRO	OSS RECEIPTS OF \$13	7,100 OR	LESS				
	\$137,100 or less, the royal	ty fee that	you must pay for	this six-month			
Line 2. Interest charge. Enter the amount from line 4,	, space Q, page 8				0.00		
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACC	COUNTING PERIOD Add I	nes 1 and	2				
BLOCK 2: GROSS RECEIP	TS OF \$263,800 OR LE	SS (but m	nore than \$137	,100)			
Base amount under statutory formula		\$	263,800.00	-			
2. Enter amount of gross receipts from space K		\$	144,551.80	_			
3. Subtract line 2 from line 1		\$	119,248.20	_			
4. Enter the amount of gross receipts from space K				144,551.80			
5. Enter the amount from line 3			\$	119,248.20			
6. Subtract line 5 from line 4			\$	25,303.60			
7. Multiply line 6 by .005 (enter figure here)				\$	126.52		
8. Interest charge. Enter the amount from line 4, space	ce Q, page 8				0.00		
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
BLOCK 3: GROSS RECEIPT	S OF MORE THAN \$26	3,800 (but	t less than \$52	7,600)			
Enter the amount of gross receipts from space K							
				_			
				_			
				-			
				1,319.00			
FILING FEE AND T	OTAL REMITTANCE DU	JE					
Royalty Fee Payable for Accounting Period (from B	Block 1, 2, or 3, above)		. \$	126.52			
				20.00			
,	<b>55</b>		· ·				
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERI	OD. Add lines 2 and 3			\$	146.52		
Important: Your remittance must be in the	form of an electronic pay	ment pava	able to the Regi	ster of Convrid	hts!		
	GROSS RECEIPTS Instructions: The figure you give in this space det all amounts (gross receipts) paid to your cable sys (as identified in space E) during the accounting per page (vii) of the general instructions located in the Gross receipts from subscribers for secondary during the accounting period.  IMPORTANT: You must complete a statement in subscribers for secondary during the accounting period.  IMPORTANT: You must complete a statement in subscribers for secondary during the accounting period.  IMPORTANT: You must complete a statement in subscribers for secondary during the accounting period.  CopyRight RoyALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 3 if the amount of gross receipts in space Use block 2 if the amount of gross receipts in space see page (vi) of the general instructions located in the BLOCK 1: GRO Instructions: As a cable system with gross receipts of accounting period is \$52.00  Line 1. Royalty fee for accounting period	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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 to CoPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  **Complete block 1, block 2, or block 3.**  **Use block 2 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 \$137,10 **  **Use block 2 if the amount of gross receipts in space K is more than \$253,80 See page (vi) of the general instructions located in the paper SA1-2 form for more see page (vi) of the general instructions located in the paper SA1-2 form for more see page (vi) of the general instructions located in the paper SA1-2 form for more see page (vi) of the general instructions located in the paper SA1-2 form for more see page (vi) of the general instructions located in the paper SA1-2 form for more see page (vi) of the general instructions located in the paper SA1-2 form for more see page (vi) of the general instructions located in the paper SA1-2 form for more secondary in the general service of the secondary in th	Lake County  GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of hox page (N) 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.  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 more than \$137,100 but less Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less See page (vi) of the general instructions located in the paper SA1-2 form for more information in the secondary period in the paper SA1-2 form for more information in the secondary period in the paper SA1-2 form for more information in the secondary period in the paper SA1-2 form for more information in the secondary period in the paper SA1-2 form for more information in the secondary period in the paper SA1-2 form formation in the secondary period in the paper SA1-2 form formation in the secondary period in the paper SA1-2 form formation in the secondary period in the paper SA1-2 form formation in the secondary period in the secondary period in the paper SA1-2 form formation in the secondary period in the secondary period in the secondary period in	Lake County  GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay, all amounts (gross receipts) pale to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the page (vii) of the general instructions located in the pager SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. MIRPORTANT: You must complete a statement in space P concerning gross receipts.  COPYRIGHT ROYALTY FEE Instructions: To compute the royally fee you owe: - Complete block 1 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to the space of the amount of gross receipts in space K is more than \$253,800 but less than \$257,600 see page (vi) of the general instructions located in the pager SA1-2 form for more information.  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  Line 1. Royalty fee for accounting period.  Line 2. Interest charge. Enter the amount from line 4, space O, page 8  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137  1. Base amount under statutory formula  \$ 263,800.00  2. Enter amount of gross receipts from space K  \$ 144,551.80  3. Subtract line 2 from line 1  4. Enter the amount from line 4. \$  5. Enter the amount of gross receipts from space K  5. Enter the amount of gross receipts from space K  6. Subtract line 5 from line 4.  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.  1. Enter the amount under statutory formula  5. Cassas amount under statutory formula  6. Lines charge. Enter the amount from line 4, space Q, page 8.  7. TOTAL ROYALTY FEE PA	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period.  Cross receipts from subscribers for according transmission service(s) during the accounting period.  MPORTANT: You must complete a statement in space P concerning gross receipts.  COPYRIGHT ROYALTY FEE Instructions: To complet the reyalty fee you owe:  Complete blook 1, block 2, or block 3.  Use block 1 fit the amount of gross receipts in space K is si37,100 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 \$263,800  See page (vi) of the general instructions located in the pager \$A1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the reyalty fee that you must pay for this six-month accounting period is \$52.0  Line 1. Royalty fee for accounting period.  Line 2. Interest charge. Enter the amount from line 4, space Q, page 8.  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2.  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 3.  Subtract line 2 from line 1.  Subtract line 2 from line 4.  Sachard line 2 from line 4.  Sachard line 2 from line 4.  Sachard line 2 from line 4.  Subtract		

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWN	NER OF CABLE SYSTEM:				SYSTEM ID# 63539
<b>M</b> Channels	to its subscribers, ar  1. Enter the total nur system carried tele  2. Enter the total nur on which the cable	nust give (1) the number of nd (2) the cable system's to mber of channels on which evision broadcast stations.  The property of activated channels a system carried television by services.	al number of activated he cable	d channels during the a		224
N Individual to Be Contacted		E CONTACTED IF FURTHE ut this statement of account		NEEDED (Identify an in	dividual to whom	
for Further Information	Name C	yndi Perkins			Telephone	218-454-1125
		09 17th Avenue umber, street, rural route, apartm	ent, or suite number)			
		wo Harbors, MN 556	16			
	Email	cyndi.perkins@c	octc.com		Fax (optional)	
	CERTIFICATION (Thi	is statement of account mu	t be certified and sign	ed in accordance with (	Copyright Office regulations)	
O Certification	• I, the undersigned, h	nereby certify that (Check one	, <i>but only one</i> , of the b	oxes.)		
	(Owner ot	her than corporation or pa	tnership) I am the own	er of the cable system a	s identified in line 1 of space B;	or
					ent of the owner of the cable sy	stem as identified
	X (Officer o				ne legal entity identified as owne	er of the cable system
	I have examined the	nd correct to the best of my k			nents of fact contained herein e in good faith.	
			X /s/ Matthe	ew Huddleston		
				ature on the line above to "/s/ signature" (e.g., /s/		
		Typed or printed	name: <b>Matthew</b>	Huddleston		
			County Adminiscial position held in corpora			
		Date:			7/26/18	

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 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

counting Period: 2018/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
ke County	63539
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTERFOL ACCECUMENT	
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number  First community served Accounting period	

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