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 workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/27/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING 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.	ô
		-	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito Midwest LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915 (City, town, state, zip)	
	INICT		- 41
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Zito Media - Calvert MAILING ADDRESS OF CABLE SYSTEM:	
		MALING ADDRESS OF CABLE STSTEM.	
	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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
D	Zito Midwest LLC Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated	communities within unincorporated areas and including single,
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Calvert	TX
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ARI E SYSTEM						FORM SA1	TEM I
Name	Zito Midwest LLC	ADEL OTOTEM.						010	99
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							-	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicated	-not the num	per of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	• •	,		y Stanuai		s within a p		
	Block 1: In the left-hand block	in space E, the	e form lis	ts the categori					
	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 printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		_					( )	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	[
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Service to first set		26	56.10					
	Service to additional set(s)			00.10					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES					
E	In General: Space F calls for rat	•	,		•	, ,			
Г	not covered in space E, that is, the service for a single fee. There are					,	,		
Services	furnished at cost or (2) services		,	•	,		0()		
Other Than	amount of the charge and the un		usually b	oilled. If any rat	es are ch	arged on a vari	able per-pro	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for eac	h of the a	annlicable servi	res listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				hed. List	these other ser	vices in the	form of a	
	brief (two- or three-word) descrip			e for each.					
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERV		RATE	CATECO	BLOCK 2	RA
	Continuing Services:	NATE		tion: Non-resi		NATE	CAILO	JRT OF SERVICE	
	• Pay cable	17.50		el, hotel					
	Pay cable—add'l channel			mercial					
	Fire protection		• Pay	cable					
	<ul> <li>Burglar protection</li> </ul>		• Pay	cable-add'l cha	annel				
	Installation: Residential			protection					
	• First set	50.00		lar protection					
	Additional set(s)			ervices:					
	<ul> <li>FM radio (if separate rate)</li> </ul>			onnect		30.00			I
	• Convertor		- Di	opport					
	Converter			onnect		20.00			
	• Converter		• Outl	onnect et relocation e to new addre	55	30.00 30.00			

	LEON NAME OF OWNER C			EVETEM ID
lame	LEGAL NAME OF OWNER C	)F CABLE SYSTEM:		SYSTEM ID# 9916
	PRIMARY TRANSMITTERS:	TFLEVISION		
G imary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a <b>Substitute Basis Station</b> basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eac educational station, by ent (for independent multicast For the meaning of these the <b>Column 4:</b> Give the location	I 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 pr ed with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network progra I(e)(2) and (4))]; and (2) certain sta rried by your cable system on a sul e Special Statement and Program both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESF air designation. For example, repo- vision station for broadcasting over tation, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial education to sin the paper SA1-2 form. the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAGS	23.1	N	Bryan TX
	10.00		• •	Diyan iz
	кwтх	10.1	Ν	Waco TX
3 Necessary	кwтх кwтх	10.1 10.2	<u>N</u>	Waco TX Waco TX
Necessary	-			
cessary	кwтх	10.2	l	Waco TX
ecessary	кwтх квтх	10.2 3.1	I N	Waco TX Bryan TX
Vecessary	KWTX KBTX KXXV	10.2 3.1 25.1	I N N	Waco TX Bryan TX Waco TX
√ecessary	KWTX KBTX KXXV KXXV	10.2 3.1 25.1 25.3	I N N I	Waco TX Bryan TX Waco TX Waco TX
Necessary	KWTX KBTX KXXV KXXV KWKT	10.2 3.1 25.1 25.3 44.1	I N N I N	Waco TX Bryan TX Waco TX Waco TX Waco TX
Necessary	KWTX KBTX KXXV KXXV KWKT KNCT KCEN	10.2 3.1 25.1 25.3 44.1 46.1	I N N I N E	Waco TX         Bryan TX         Waco TX         Waco TX         Waco TX         Belton TX         Temple TX
Necessary	KWTX KBTX KXXV KXXV KWKT KNCT	10.2 3.1 25.1 25.3 44.1 46.1 6.1 6.2	I N N I N E N	Waco TX         Bryan TX         Waco TX         Waco TX         Belton TX         Temple TX         Temple TX
s Necessary	KWTX KBTX KXXV KXXV KWKT KNCT KCEN KCEN	10.2 3.1 25.1 25.3 44.1 46.1 6.1	I N N I N E N	Waco TX         Bryan TX         Waco TX         Waco TX         Waco TX         Belton TX         Temple TX
Necessary	KWTX KBTX KXXV KXXV KWKT KNCT KCEN KCEN	10.2 3.1 25.1 25.3 44.1 46.1 6.1 6.2	I N N I N E N	Waco TX         Bryan TX         Waco TX         Waco TX         Belton TX         Temple TX         Temple TX
as Necessary	KWTX KBTX KXXV KXXV KWKT KNCT KCEN KCEN	10.2 3.1 25.1 25.3 44.1 46.1 6.1 6.2	I N N I N E N	Waco TX         Bryan TX         Waco TX         Waco TX         Belton TX         Temple TX         Temple TX
as Necessary	KWTX KBTX KXXV KXXV KWKT KNCT KCEN KCEN	10.2 3.1 25.1 25.3 44.1 46.1 6.1 6.2	I N N I N E N	Waco TX         Bryan TX         Waco TX         Waco TX         Belton TX         Temple TX         Temple TX
as Necessary	KWTX KBTX KXXV KXXV KWKT KNCT KCEN KCEN	10.2 3.1 25.1 25.3 44.1 46.1 6.1 6.2	I N N I N E N	Waco TX         Bryan TX         Waco TX         Waco TX         Belton TX         Temple TX         Temple TX
is Necessary	KWTX KBTX KXXV KXXV KWKT KNCT KCEN KCEN	10.2 3.1 25.1 25.3 44.1 46.1 6.1 6.2	I N N I N E N	Waco TX         Bryan TX         Waco TX         Waco TX         Belton TX         Temple TX         Temple TX
s Necessary	KWTX KBTX KXXV KXXV KWKT KNCT KCEN KCEN	10.2 3.1 25.1 25.3 44.1 46.1 6.1 6.2	I N N I N E N	Waco TX         Bryan TX         Waco TX         Waco TX         Waco TX         Belton TX         Temple TX         Temple TX
as Necessary	KWTX KBTX KXXV KXXV KWKT KNCT KCEN KCEN	10.2 3.1 25.1 25.3 44.1 46.1 6.1 6.2	I N N I N E N	Waco TX         Bryan TX         Waco TX         Waco TX         Belton TX         Temple TX         Temple TX
is Necessary	KWTX KBTX KXXV KXXV KWKT KNCT KCEN KCEN	10.2 3.1 25.1 25.3 44.1 46.1 6.1 6.2	I N N I N E N	Waco TX         Bryan TX         Waco TX         Waco TX         Belton TX         Temple TX         Temple TX
as Necessary	KWTX KBTX KXXV KXXV KWKT KNCT KCEN KCEN	10.2 3.1 25.1 25.3 44.1 46.1 6.1 6.2	I N N I N E N	Waco TX         Bryan TX         Waco TX         Waco TX         Waco TX         Belton TX         Temple TX         Temple TX
5 as Necessary	KWTX KBTX KXXV KXXV KWKT KNCT KCEN KCEN	10.2 3.1 25.1 25.3 44.1 46.1 6.1 6.2	I N N I N E N	Waco TX         Bryan TX         Waco TX         Waco TX         Belton TX         Temple TX         Temple TX

Accounting F							FORM	I SA1-2E. PAGE
LEGAL NAME OF		CABLE SY	(STEM:					SYSTEM ID
Zito Midwes	t LLC							99 <sup>,</sup>
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried b monitoring, to prmation abou- rm. dentify the cal tate whether the radio stat this by placing	y the sys be recein at the Co l sign of e the static ion's sign g a check	I-Band FM Carriage: Under of stem whenever it is received a wed at the headend, with the pyright 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 th	at the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Mexican or Can	adian station:	s, if any,	the community with which the	e station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		1					t	

Accounting Perio	od: 2018/1						FORM	I SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Midwest LLC							9916
					•			
	SUBSTITUTE CARRIAGI							
	In General: In space I, identi							
	substitute basis during the a							
Substitute	explanation of the programm				e general instr	uctions in the p	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	od, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisio	n program	
Statement and	broadcast by a distant stat	tion?					YES	× NO
Program Log	-						-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete th	ne program	1
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their m	neaning is	
	clear. If you need more spa							
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							•
	Do not use general categori "NBA Basketball: 76ers vs.		vies of baske	toall. List specific program	Tulles, for exa	ampie, i Love	Lucy of	
			dcast live enter	r "Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
				e community to which the		nsed by the F	CC or, in	
	the case of Mexican or Can	adian statio	ons, if any, the	community with which the	station is iden	tified).		
		,	when your sys	tem carried the substitute	program. Use	numerals, wit	h the mont	th
	first. Example: for May 7 giv							
				gram was carried by your				/
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. shoi	uld be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	was substituted for progra	mming that y	our evetem wa	s roquiror	1
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCUF	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
1								

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 9916
	GROSS RECEIPTS		9916
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 , <b>074.71</b>
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		
	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	ion.	

Accounting Period:	2018/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Zito Midwes	OF OWNER OF CABLE SYSTEM: t LLC	SYSTEM ID# 9916
M Channels	<ol> <li>to its subscrib</li> <li>Enter the to system carr</li> <li>Enter the to on which the</li> </ol>	e: You must give (1) the number of channels on which the cable system carried television broadcast stations beers, and (2) the cable system's total number of activated channels during the accounting period.	11 41
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 814	-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com	
O Certification	I, the undersi     (Ov     (Ag     X     (Of     I have examinare true, comp	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations)         gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)         where other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         tent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system         in line 1 of space B and that the owner is not a corporation or partnership; or         fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B.         ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein blete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         sction 1001(1986)]       X         /s/James Rigas       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: James Rigas	
		Title: President (Title of official position held in corporation or partnership)	
		Date: 08/27/2018	

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unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Midwest LLC	991
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
A days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
	-
x 0.00274         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	-
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       \$ - (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please	-
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       \$ - (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please         contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.       For further assistance please	-
x 0.00274         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	-
x 0.00274         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	-
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	-
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	-
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