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						
3/1/2019	\$ ALLOCATION NUMBER					

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	ACCOUNTING 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									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM									
	MCC Iowa, LLC (Vinton, IA)									
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM									
	ONE MEDIACOM WAY									
	(Number, street, rural route, apartment, or suite number)									
	MEDIACOM PARK, NY 10918 (City, town, state, zip)									
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these									
С	names 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)									
	(Common, Street, Total, apartment, or state manner)									
	(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.

Area Served First Community	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Vinton, IA) Instructions: List each separate community served by the cable system. A "cc "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fill Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city. CITY OR TOWN Vinton	rated communities within unincorporated areas and including single at you list will serve as a form of system identification hereafter kno ings.
Area Served First Community	Instructions: List each separate community served by the cable system. A "cc "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city. CITY OR TOWN	ommunity" is the same as a "community unit" as defined in FCC rule rated communities within unincorporated areas and including single at you list will serve as a form of system identification hereafter knoings. In a parentheses below the mobile home parks should be reported in parentheses below the
Area Served First Community	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city. CITY OR TOWN	rated communities within unincorporated areas and including single at you list will serve as a form of system identification hereafter kno ings. mobile home parks should be reported in parentheses below the
Area Served First Community	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city. CITY OR TOWN	at you list will serve as a form of system identification hereafter kno ings. nobile home parks should be reported in parentheses below the
Area Served First Community	as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city. CITY OR TOWN	ings. nobile home parks should be reported in parentheses below the
Area Served First Community	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city. CITY OR TOWN	nobile home parks should be reported in parentheses below the
Served First Community	identified city. CITY OR TOWN	
First Community	CITY OR TOWN	OTATE
Community		CTATE
Community		CTATE
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Accounting Period: 2018/2 FORM SA1-2F PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 25628

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

MCC Iowa, LLC (Vinton, IA)

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			
CATECORY OF CERVICE	NO. OF	DATE	CATECORY OF CERVICE	NO. OF	DATE	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,250	29.95-51.54				
 Service to additional set(s) 						
FM radio (if separate rate)						
Motel, hotel						
Commercial	1	29.95-51.54				
Converter						
Residential						
Non-residential						

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	78.49
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	99.99	Burglar protection			
Additional set(s)	15.00-29.00	Other services:			
• FM radio (if separate rate)		Reconnect	29.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-29.00		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25628

MCC Iowa, LLC (Vinton, IA)

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCRG/KCRG(HD) ABC	9	N	Cedar Rapids, IA
KCRG-DT2 MyNET	9.2	N	Cedar Rapids, IA
KCRG-DT3 Antenna	9.3	N	Cedar Rapids, IA
KFXA/KFXA(HD) FOX	27	I	Cedar Rapids, IA
KFXA-DT2 Charge	27.2	l	Cedar Rapids, IA
KFXA-DT3 TBD	27.3	I	Cedar Rapids, IA
KFXA-DT4 Stadium	27.4	I	Cedar Rapids, IA
KFXB CTN	43	I	DUBUQUE, IA
KGAN/KGAN(HD) CBS	37	N	Cedar Rapids, IA
KGAN-DT2 getTV	37.2	N	Cedar Rapids, IA
KGAN-DT3 COMET	37.3	N	Cedar Rapids, IA
KIIN/KIIN(HD) PBS	12	E	Iowa City, IA
KIIN-DT2 PBS KIDS HD	12.2	E	lowa City, IA
KIIN-DT3 PBS World	12.3	E	Iowa City, IA
KIIN-DT4 PBS Create	12.4	E	Iowa City, IA
KPXR/KPXR(HD) ION	47	I	Cedar Rapids, IA
KWKB/KWKB(HD) CW	25	l	Iowa City, IA
KWKB-DT2 Charge	25.2	I	Iowa City, IA
KWWL/KWWL(HD) NBC	7	N	Waterloo, IA
KWWL-DT2/KWWL-DT2 (HD)	7.2	N	Waterloo, IA
KWWL-DT3 MeTV	7.3	N	Waterloo, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Iowa, LLC (Vinton, IA)

25628

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
	 						
		 					
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Accounting Perio	d: 2018/2						FOR	M SA1-2E. PAGE 5.		
-	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#		
Name	MCC Iowa, LLC (Vintor	ı, IA)						25628		
ı	SUBSTITUTE CARRIAGE In General: In space I, identifi substitute basis during the ac	y every nor	nnetwork televis	sion program, broadcast b	y a <i>distant</i> sta					
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE						
Special	During the accounting peri-	od, did you	r cable system	carry, on a substitute ba	sis, any nonne	etwork telev	ision progran	n		
Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Program Log	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 program									
	,	, leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complet	e the prograi	m		
	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 "5/7." 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									
	was substituted for program effect on October 19, 1976.	9		o pominiou to doloto uno		arra rogalati				
					11					
						EN SUBST				
	SI	JBSTITUT	E PROGRAM		CARR	IAGE OCC		7. REASON FOR DELETION		
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	BELLTION		
		100 0. 110	07.122.01011		7.1.2.27.1.					
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Accounting Period:	2018/2			FORM S	A1-2E. PAGE 6			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Vinton, IA)			(SYSTEM ID# 25628			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a 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 explanat 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 of	system's s ion of how	econdary trans to compute this	mission servi s amount, see \$ 34	ce			
Copyright Royalty Fee								
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	ou must pay for	this six-month	İ			
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and 2		· · <u> </u>				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	re than \$137,	100)				
	Base amount under statutory formula	\$	263,800.00					
	Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	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	3,800 (but l	ess than \$527	7,600)				
	Enter the amount of gross receipts from space K	\$	340,276.86					
	Base amount under statutory formula	\$	263,800.00					
	3. Subtract line 2 from line 1	\$	76,476.86					
	4. Multiply line 3 by .01		\$	764.77				
	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 .		\$	2,083.77			
	FILING FEE AND TOTAL REMITTANCE DU	E						
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,083.77				
Due	Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,103.77			
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		_		ghts!			

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7			
Name	MCC lowa, LLC	WNER OF CABLE SYSTEM:				SYSTEM ID# 25628			
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. 29 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.								
N Individual to Be Contacted		BE CONTACTED IF FURTHE bout this statement of account		ON IS NEEDED (Identify an	individual to whom				
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762			
	Address	One Mediacom Way (Number, street, rural route, apartm	ent or suite numbe	r)					
		Mediacom Park, NY 1 (City, town, state, zip)							
	Email	Copyrights@me	diacomcc.com		Fax (optional)				
0	CERTIFICATION	(This statement of account mus	st be certified an	d signed in accordance with	Copyright Office regulations)				
Certification		d, hereby certify that (Check one	-						
	(Owner	r other than corporation or pa	rtnership) I am ti	ne owner of the cable system	as identified in line 1 of space B	; or			
		of owner other than corporati ine 1 of space B and that the ow			gent of the owner of the cable sy	ystem as identified			
		er or partner) I am an officer (if ine 1 of space B.	a corporation) or	a partner (if a partnership) of	the legal entity identified as own	er of the cable system			
		the statement of account and he e, and correct to the best of my k in 1001(1986)]							
			X /s/ K	enneth J. Kohrs					
				ic signature on the line above sing an "/s/ signature" (e.g., /s					
		Typed or printed	name: Ken ı	neth J. Kohrs					
				ent, Financial Report	ing				
		Date:			2/21/2019				

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: 2018/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CC Iowa, LLC (Vinton, IA)	25628
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."	Concerning Gross
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.	Receipts Exclusion
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	
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
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xda	ys
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	<u>-</u>
* 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.	
** 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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