THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	Return to: Library of Congress Copyright Office	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	Licensing Division 101 Independence Ave. SE
General instructions are at the end of this form [pages (i)-(vii)].	02/27/2019	\$ ALLOCATION NUMBER	Washington, DC 20557-6400 (202) 707-8150 For courier deliveries, see page ii of the general instructions

Accounting Period	Suly 1-December 51, 20	10	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2018					
B Owner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the pai List any other name or names under w <i>If there were different owners during th</i> <u>a single statement of account and royalty fe</u>	prrect information beside it. it the cable system. If the owner is a sur- rent corporation. hich the owner conducts the business <i>e accounting period, only the owner o</i> the payment covering the entire accourt	on the last day of the accounting period should	prpo-				
	LEGAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM						
	Vyve Broadband J, LLC							
			*	02942320182				
				029423 2018/2				
	Four International Drive, S Rye Brook, NY 10573	uite 330						
С			ntify the business and operation of the sys					
System	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. 1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM: 1007 N. Madison Ave							
	2 (Number, street, rural route, apartment, or suite number) Douglas, GA 31533 (City, town, state, zip code)							
D	in FCC rules: "a separate and distinct c	ommunity or municipal entitiy (incl	A "community" is the same as a "communuding unincorporated communites within 6.5(dd). The first community that list will s	unincorporated				
Area Served			use it as the first community on all future f or mobile home parks should be reported i					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First	Douglas	GA						
Community	Ambrose Broxton	GA GA						
	Coffee County	GA						
	Nichols	GA						

completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

N	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						S	YSTEM I
Name	Vyve Broadband J, LLC								0294
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmissio about other services (including period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate of unit in which it is generally billed. category, but do not include disco BIOCK 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity s subscriber who pays extra for cal	pace E should n of television ay cable) in sp (June 30 or De blocks in space transmission imber of billing ce at the rate i harged for eace (Example: "\$2 ounts allowed for in space E, the to their subscies: Where an in- should be cour- ble service to a	cover a and rac ace F, r ecembe ce E cal service. s in tha ndicate h categ 20/mth") for adva e torm II ribers. (dividual nted as addition	Ill categories of tio broadcasts in the here. All the er 31, as the ca il for the number in general, yout category (the d—not the num ory of service. I . Summarize a ance payment. sts the categor Give the number or organization a subscriber in al sets would b	secondar by your sy e facts you se may be er of subsc u can com number o aber of set nclude bo ny standar res of sec er of subsc n is receive each apple e included	stem to subscrit state must be the plant of the cate pute the numbe f persons or org s receiving servit th the amount or rd rate variations ondary transmis ribers and rate fing service that the icable category.	ers. Ginnose ex ple system r of sub anizatio ce). t the cha- s within sion set or each alls unc Examp	ve information isting on the em, broken scribers in ns charged arge and the a particular rate vice that cable listed category ler different le: a residential	
	first set" and would be counted o Block 2: It your cable system f printed in block 1 (for example, ti with the number of subscribers a	as rate catego ers of services	that inc	secondary trai	nsmission pre secono	dary transmissio	ns), list	them, together	
	sufficient.								
	BLC	DCK 1 NO. OF					BLC	CK 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBER	S RAT
	Residential:								
	Service to first set		2,023	25.00					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		73	25.00					
	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.								
		BLO	-					BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATE	GORY OF SERVI	CE RAT
	Pay cable	18.95		tel, hotel	luentiai	T&M			
	• Pay cable—add'l channel	15.95		mmercial		T&M			
	Fire protection	N/A	•Pa	y cable		T&M			
	 Burglar protection 	N/A	•Pa	y cable-add'l ch	nannel	T&M			
	Installation: Residential		• Fire	e protection		N/A			
	• First set	59.99	• Bu	rglar protection		N/A			
	 Additional set(s) 	19.99		services:					
	 FM radio (if separate rate) 	N/A		connect		29.99			
	Converter			connect					
			•Ou	tlet relocation		29.99			
				ve to new addr		29.99			

LEGAL NAME OF OWNE	R OF CABLE SYSTEM	1:	SY	STEM ID#
Vyve Broadband J	, LLC			029423
PRIMARY TRANSMITTERS:	TELEVISION			
carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Static basis under specifc FCC ru • Do not list the station here station was carried only • List the station here, and basis. For further inform Column 1: List each stat Column 2: Give the nur This may be different from associated with a station at the same on the form. Column 3: Indicate in e educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the loc	em during the account in effect on June 24, e)(2) and (4), or 76.6 as explained in the ne ons: With respect to ules, regulations, or a e in space G—but do on a substitute basis also in space I, if the hation concerning sub ation's call sign. Do r mber ot the channel the channel on which coording to its over-the each case whether the ering the letter "N" (for , "E" (for noncomment erms, see page (iv) of ation of each station	atting period, except , 1981, permitting th 33 (referring to 76.6 ext paragraph. any distant stations authorizations: b list it in space I (th s. e station was carried bostitute basis station not report origination on which the station hy our cab;e system hje-air designation. e station is a netwo or network), "N-M" (rcial educational), o of the general instru . For U.S. stations,	 (1) stations carried only on a part-time basis under e carriage of certain network programs [sections 1(e)(2) and (4))]; and (2) certain stations carried on a a carried by your cable system on a substitute program e Special Statement and Program Log)—if the both on a substitute basis and also on some other hs, see page (v) of the general instructions. h program services such as HBO, ESPN, etc. 1's broadcasts are carried in its own community. h carried the station. Identify each multicast stream For example, report multicast stream "WETA-2" as rk station, an independent station, or a noncommercial for network multicast), "I" (for independent), "I-M" r "E-M" (for noncommercial educational multicast). 	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
WALB-ABC	10.2	N-M	Albany	
WALB-NBC	10	N	Albany	
WFXL-FOX	31	I	Albany	
WFXL-TBD TV	31.2	I-M	Albany	
WSWG-CBS	44	N	Albany	
WSWG-MyNetworkT	44.2	I-M	Albany	
WXGA-Create	8.2			
	0.2	E-M	Waycross	
WXGA-PBS	8	E-M		
	8		Waycross	
WXGA-PBS WXGA-PBS Knowled WALB-CW	8	E	Waycross Waycross	
WXGA-PBS Knowled WALB-CW	8 8.3	E E-M I-M	Waycross Waycross Albany	
WXGA-PBS Knowled	8 8.3 10.4	E E-M	Waycross Waycross	
WXGA-PBS Knowled WALB-CW	8 8.3 10.4	E E-M I-M	Waycross Waycross Albany	
WXGA-PBS Knowled WALB-CW	8 8.3 10.4	E E-M I-M	Waycross Waycross Albany	
WXGA-PBS Knowled WALB-CW	8 8.3 10.4	E E-M I-M	Waycross Waycross Albany	
WXGA-PBS Knowled WALB-CW	8 8.3 10.4	E E-M I-M	Waycross Waycross Albany	
WXGA-PBS Knowled WALB-CW	8 8.3 10.4	E E-M I-M	Waycross Waycross Albany	
WXGA-PBS Knowled WALB-CW	8 8.3 10.4	E E-M I-M	Waycross Waycross Albany	
WXGA-PBS Knowled WALB-CW	8 8.3 10.4	E E-M I-M	Waycross Waycross Albany	
WXGA-PBS Knowled WALB-CW	8 8.3 10.4	E E-M I-M	Waycross Waycross Albany	
WXGA-PBS Knowled WALB-CW	8 8.3 10.4	E E-M I-M	Waycross Waycross Albany	
	Vyve Broadband J PRIMARY TRANSMITTERS: In General: In space G, idd carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Static basis under specifc FCC ru • Do not list the station here station was carried only • List the station here, and basis. For further inform Column 1: List each stat Column 2: Give the nur This may be different from associated with a station ar the same on the form. Column 3: Indicate in e educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the loc FCC. For Mexican or Cana 1. CALL SIGN WALB-ABC WALB-NBC WFXL-FOX WFXL-TBD TV WSWG-CBS	Vyve Broadband J, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every televisio carried by your cable system during the accourt FCC rules and regulations in effect on June 24, 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.6 substitute program basis, as explained in the misubstitute Basis Stations: With respect to basis under specifc FCC rules, regulations, or a • Do not list the station here in space G—but do station was carried only on a substitute basi • List the station here, and also in space I, if the basis. For further information concerning sult Column 1: List each station's call sign. Do r Column 2: Give the number of the channel This may be different from the channel on whic associated with a station according to its over-t the same on the form. Column 3: Indicate in each case whether the educational station, by entering the letter "N" (for (for independent multicast), "E" (for noncomme For the meaning of these terms, see page (iv) o Column 4: Give the location of each station FCC. For Mexican or Canadian stations, if any, 1. CALL SIGN 2. B'CAST CHANNEL NUMBER WALB-ABC 10 WFXL-FOX 31 WFXL-FDD TV 31.2 WSWG-MyNetworkT 44.2	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including i carried by your cable system during the accounting period, except FCC rules and regulations in effect on June 24, 1981, permitting th 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.6) substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (th station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried basis. For further information concerning substitute basis station Column 1: List each station's call sign. Do not report originatior Column 2: Give the number of the channel on which your cab; system associated with a station according to its over-thje-air designation. the same on the form. Column 3: Indicate in each case whether the station is a netwo educational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), o For the meaning of these terms, see page (iv) of the general instruction of each station. For U.S. stations, IFCC. For Mexican or Canadian stations, if any, give the name of the MALB-ABC 1. CALL 2. B'CAST 3. TYPE SIGN QF N-M WALB-ABC 10. N WFXL-FEOX 31. I WFXL-FEOX 31. I	Vyve Broadband J, LLC 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), 07.66.83 (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: Win 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 C—but do list it in space 1 (the Special Statement and Program Log)—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 HSO, ESPN, etc. Column 2: Give the number of the channel on which your cab; system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Tolumn 3: Indicate in each case whether the station is a network staton, an independent station, or a noncommercial educational station, by entering the letter "N' (for network), "N-M" (for network multicast). "C for independent multicast], "E" (for noncommercial educational), or "E-M" (for nocommercial educational multicast). For the meaning of these terms, see page (iv) of the general instruc

ACCOUNTING PERIOD: 2018/2

FORM SA1-2. F		CABLE S	YSTEM:				SYSTEM ID#	Name
Vyve Broadk							029423	
		D40:0						
In General: List	RIMARY TRANSMITTERS: RADIO General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an -band basis whose signals were "generally receivable" by your cable system during the accounting period.							Н
receivable if (1)	it is carried by	the syst	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s	the system's hea	dend, and (2)	it can b	e expected,	Primary Transmitters: Radio
For detailed info Column 1: Id	ormation abou lentify the call	t the the sign of e	Copyright Office regulations of each station carried. n is AM or FM.					
Column 3: If	the radio stat	ion's sigr	nal was electronically process mark in the "S/D" column.	ed by the cable sy	vstem as a se	parate a	nd discrete	
Column 4: G	live the station	n's locatio	on (the community to which the the community with which the			C or, in tł	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ON LEE OFOIT		0/0		ONEE OTON		0,0		
	L					I	I	

	1					FUI	RM SA1-2. PAGE 5.
Name	LEGAL NAME OF OWNER OF		ΓEM:				SYSTEM ID#
	Vyve Broadband J, LL	٥					029423
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri- broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE	y every nor counting pe ng that mus CONCER od, did you ion? , leave the	nnetwork televis riod, under spe tt be included in NING SUBST r cable system rest of this pag	tion program broadcast by a cific present and former FC0 this log, see page (v) of the CITUTE CARRIAGE carry, on a substitute basis	a distant static C rules, regula general instr s, any nonne	ations, or authorizations. uctions. twork television prograr Yes	For a further
	In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a of under certain FCC rules, reg Do not use general categorie "NBA Basketball: 76ers vs. If Column 2: If the program Column 3: Give the call of Column 4: Give the broa the case of Mexican or Cana Column 5: Give the monifirst. Example: for May 7 giv Column 6: State the time to the nearest five minutes. Is stated as "6:00–6:30 p.m."	tute progra ce, please a of every noi distant stati gulations, or es like "mor Bulls." or was broad dist statio th and day " e "5/7." s when the Example: a or "R" if the end regulation	m on a separa attach additiona nnetwork televi on and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (the ns, if any, the of when your syst substitute pro- program carried listed program ons in effect du	al pages. sion program (substitute p ur cable system substituted s. See page (v) of the gene tball." List specific program "Yes." Otherwise enter "N sting the substitute progra the community to which the community with which the s tem carried the substitute p gram was carried by your of ed by a system from 6:01:1 was substituted for progra ring the accounting period;	rogram) that, d for the prog ral instruction titles, for exa o." m. station is licer station is ider program. Use cable system. 5 p.m. to 6:2 mming that y	during the accounting ramming of another sta as for further informatio ample, "I Love Lucy" or nsed by the FCC or, in tified). numerals, with the mon List the times accurate 8:30 p.m. should be our system was require ter "P" if the listed pro	tion n. nth
	SI	JBSTITUT	E PROGRAM	l		BSTITUTE CARRIAG	7. REASON
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION
						<mark></mark>	
						<mark></mark>	
						<mark></mark>	
						_	
						_	
						_	
						_	
			1			l	1

ACCOUNTING PERIOD: 2018/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 029423	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. I all amounts (gross receipts) paid 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.	Enter the total of smission service	K Gross Receipts
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.	360,131.00 (Amount of 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 \$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 for more information. 	o \$263,800	L Copyright Royalty Fee
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 Q, page 8	0.00	
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,	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 \$ 360,131.00		
2. Base amount under statutory formula		
3. Subtract line 2 from line 1		
4. Multiply line 3 by .01	963.31	
5. Royalty due on the first \$263,800 of gross recepits (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	\$ 2,282.31	
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See general instructions for more information.	e page I of the	

FORM SA1-2. PAGE 6.

ACCOUNTING PERI			FORM SA1-2. PAGE 7		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC		SYSTEM ID# 029423		
M	CHANNELS Instructions: You must give (1) the number of channel to its subscribers and (2) the cable system's total numb	s on which the cable system carried television broadcast sta er of activated channels, during the accounting period.	itions		
Channels	1. Enter the total number of channels on which the cabl system carried television broadcast stations		11		
	2. Enter the total number of activated channels on which the cable system carried television broadcas and nonbroadcast services		237		
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFO we can write or call about this statement of account.)	RMATION IS NEEDED: (Identify an individual to whom			
Be Contacted for Further Information	Name Marie Censoplano Telephone 914-234-8313				
	(cu), cu, cu, cu, cu,				
O Certifcation	as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but o	tifed and signed in accordance with Copyright Offce regulat nly one, of the boxes.) n the owner of the cable system as identifed in line 1 of space			
	in line 1 of space B and that the owner is not a cor	ship) I am the duly authorized agent of the owner of the cable poration or partnership; or or a partner (if a partnership) of the legal entity identifed as ow			
	in line 1 of space B.	eclare under penalty of law that all statements of fact containe	-		
	Handwritten signature:	1s1 Daniel J White			
	Typed or printed name: Danie	I J. White			
	Title: SVP - Financial Pla (Title of official position held in				
	Date:	2/26/2019			

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 effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fing, a determination that would be made by a court of law.

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FORM	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:	
Vyve Broadband J, LLC 029423	Name
 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. 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	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
X	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-
* 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 fling this worksheet covering a statement of account already submitted to the Copyright Offce, 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	
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requ	ested on th

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 Office's public indexes and in search reports prepared for the public. The effects 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.