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 Secondary Transmissions by Cable Systems (Short Form) General instructions are at the end of this form [pages (i)-(vii)].		FOR COPYRIGH DATE RECEIVED 02/27/2019	Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150 For courier deliveries, see page ii of the general instructions	
A Accounting Period B Owner	rate title of the subsidiary, not that of the pa List any other name or names under v If there were different owners during to a single statement of account and royalty of	ed under the information given below correct information beside it. of the cable system. If the owner is a arent corporation. which the owner conducts the busine the accounting period, only the owner fee payment covering the entire accounting	a subsidiary of another corporation, give ess of the cable system. er on the last day of the accounting perio	e the full corpo-
	LEGAL NAME OF OWNER/MAILING AD Vyve Broadband A, LLC	DRESS OF CABLE SYSTEM		*02945020182* 029450 2018/2
	4 International Dr Suite 330 Rye Brook, NY 10573 INSTRUCTIONS: In line 1, give any bu	-	dentify the business and operation of	of the system unless these

	Rye Brook, NY 10573							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 sulte number)							
	(City, town, state, zip code)							
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that 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, condiminiums, or mobile home parks should be reported in paratheses below							
	the identified city. CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First	FORT RILEY	KS						
Community	FORT RILEY EXEMPT	KS						
•	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 sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2018/2

				FORM SA3. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SY	STEM:		SYSTEM ID#
Name				029450
	Vyve Broadband A, LLC			029450
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
				-
D				
(continued)				
A				
Area				
Served				
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N	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Vyve Broadband A, LLC	;							02945	
E Secondary Transmission Service: Sub- scribers 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.									
	BLC	DCK 1					BLOCK	< 2		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Residential:		205							
	Service to first set		305	25.00						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		55	25.00						
	Converter									
	Residential									
	Non-residential									
	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.									
F Services Other Than Secondary ransmissions: Rates	not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s	nose services f e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	that are ns: you hished to usually he cable stem fur le was r	rmation with re not offered in o do not need to o nonsubscribe billed. If any ra e system for ea nished or offer nade or establi	spect to a combination give rate rs. Rate in tes are ch tes are ch the of the ed during	on with any seco information cond nformation should narged on a varia applicable servic the accounting p	ndary trans erning (1) d include b ble per-pro es listed. eriod that	smission services oth the ogram basis, were not		
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	LEGAL NAME OF OWNE	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	Vyve Broadband	A, LLC		02	2945				
	PRIMARY TRANSMITTERS	: TELEVISION							
G	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								
Primary	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.								
Fransmitters: Television				ons carried by your cable system on a substitute program					
	basis under specifc FCC r			(the Special Statement and Program Log)—if the					
	station was carried only	•	•	(the Special Statement and Program Log)—If the					
				ied both on a substitute basis and also on some other					
				tions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc.					
				ion's broadcasts are carried in its own community.					
		This may be different from the channel on which your cab; esystem carried the station. Identify each multicast stream associated with a station according to its over-thie-air designation. For example, report multicast stream "WETA-2" as							
	the same on the form.								
		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"							
	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.								
	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 identifed.								
	FOC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
			,, g., e a. e e	The community with which the station is identified.					
	1. CALL	2 B'CAST							
	1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION					
			3. TYPE						
		CHANNEL	3. TYPE OF						
	SIGN	CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION					
	SIGN KTKA-CW	CHANNEL NUMBER 49.3	3. TYPE OF STATION I-M	6. LOCATION OF STATION					
	SIGN KTKA-CW WIBW-CBS	CHANNEL NUMBER 49.3 13	3. TYPE OF STATION I-M	6. LOCATION OF STATION TOPEKA, KS TOPEKA, KS					
	SIGN KTKA-CW WIBW-CBS KTMJ-FOX	CHANNEL NUMBER 49.3 13 43	3. TYPE OF STATION I-M N	6. LOCATION OF STATION TOPEKA, KS TOPEKA, KS TOPEKA, KS					
	SIGN KTKA-CW WIBW-CBS KTMJ-FOX KSNT-NBC	CHANNEL NUMBER 49.3 13 43 27	3. TYPE OF STATION I-M N I N	6. LOCATION OF STATION TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS					
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	SIGN KTKA-CW WIBW-CBS KTMJ-FOX KSNT-NBC KTKA-ABC KTWU-PBS	CHANNEL NUMBER 49.3 13 43 27 49 11	3. TYPE OF STATION I-M N I N N E	6. LOCATION OF STATION TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS					
	SIGN KTKA-CW WIBW-CBS KTMJ-FOX KSNT-NBC KTSNT-NBC KTWU-PBS KTWU-MHz	CHANNEL NUMBER 49.3 13 43 27 49 11 11.2	3. TYPE OF STATION I-M N I N E E E-M	6. LOCATION OF STATION TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS					
	SIGN KTKA-CW WIBW-CBS KTMJ-FOX KSNT-NBC KTKA-ABC KTKA-ABC KTWU-PBS KTWU-MHz KTKA-Get	CHANNEL NUMBER 49.3 13 43 27 49 11 11.2 49.2	3. TYPE OF STATION I-M N I N N E E E-M I-M	6. LOCATION OF STATION TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS					
	SIGN KTKA-CW WIBW-CBS KTMJ-FOX KSNT-NBC KSNT-NBC KTKA-ABC KTWU-PBS KTWU-PBS KTWU-MHz KTKA-Get WIBW-MNT	CHANNEL NUMBER 49.3 13 43 27 49 11 11.2 49.2 13.2	3. TYPE OF STATION I-M N I N E E E-M I-M I-M	6. LOCATION OF STATION TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS					
	SIGN KTKA-CW WIBW-CBS KTMJ-FOX KSNT-NBC KTKA-ABC KTWU-PBS KTWU-PBS KTWU-MHz KTKA-Get WIBW-MNT KTMJ-Grit TV	CHANNEL NUMBER 49.3 13 43 27 49 11 11.2 49.2 13.2 43.3	3. TYPE OF STATION I-M N I N E E E-M I-M I-M I-M	6. LOCATION OF STATION TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS					

ACCOUNTING PERIOD: 2018/2

FORM SA1-2. F ∟EGAL NAME OF Vyve BroadI	F OWNER OF (/STEM:					SYSTEM ID# 029450	Name
•									
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 intervals about the the Copyright Office regulations on this point, see page (v) of the general instructions.							Primary Transmitters Radio		
Column 2: S	tate whether t	he statio	each station carried. n is AM or FM. nal was electronically process	sed	by the cable sy	rstem as a ser	oarate a	nd discrete	
ignal, indicate Column 4: G	this by placing Give the station	g a check n's locatio	mark in the "S/D" column. on (the community to which the community with which the	he s	station is license	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Vyve Broadband A, LLC 02945							029450
	· · · · · · · · · · · · · · · · · · ·							
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy <i>every nor</i> counting pe	nnetwork televis riod, under spe	<i>sion program</i> broadcast by cific present and former FC	a distant stat C rules, regu	lations, or auth		
Carriage:	1. SPECIAL STATEMENT				e general me			
Special	 During the accounting peri 	od, did you			is, any nonn	etwork televisi		
Program Log	broadcast by a distant stat Note: If your answer is "No"		rest of this pag	e blank. If your answer is	"Yes," you n	nust complete		XNo
	log in block 2.			•				
	2. LOG OF SUBSTITUTE			te line. I lee ekknevistiene		aailala ifikkain		
	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 attach additional pages. 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 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 to delete under FCC rules and regulations in effect on October 19, 1976.							
	S	UBSTITUT	E PROGRAM	1	WHEN S	UBSTITUTE OCCURREI		7. REASON
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES - TO	FOR DELETION
							_	
						_	-	
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FORM SA1-2. PAGE 6.		-
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	029450	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions. 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.	on service unt, see	K 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 \$263, 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 	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 this s 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	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 \$527,600))	
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		
	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		
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page I o general instructions for more information.	of the	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 029450
	CHANNELS	
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television	n broadcast stations
Channala	to its subscribers and (2) the cable system's total number of activated channels, during the accounting	ng period.
Channels	1. Enter the total number of channels on which the cable	
	system carried television broadcast stations	12
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations	
	and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can write or call about this statement of account.)	I to whom
Be Contacted		Telephone 014 225 8212
for Further Information	Name Marie Censoplano	Telephone 914-235-8313
	Address 4 International Dr Suite 330	
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional)	914-234-8363
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyrigh	t Offee regulations
0	as explained in the general instructions.)	i Once regulations,
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in Ii	ine 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner in line 1 of space B and that the owner is not a corporation or partnership; or	er of the cable system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity in line 1 of space B.	identifed as owner of the cable system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of are true, complete, and correct to the best of my knowledge, information, and belief, and are made in go [18 U.S.C., Section 1001(1986)]	
	Handwritten signature:	White
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	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 sufficiency of the fling, a determination that would be made by a court of law.

FORM	SA1-2.	PAGE	8

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	029450	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.	e basic iclude sub- in 119." s.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	missions	
Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	erpayment.	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	-	
	days	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistant contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	0,	
** 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 Offc list below the owner, address, first community served, ID number, and accounting period as given in the origin	•	
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 in	formation (PII) reques	sted on th

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 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 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 fling, a determination that would be made by a court of law.