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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	03/13/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 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.	7
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 66 (Number, street, rural route, apartment, or suite number)	
		Enderlin, ND 58027 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless s 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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Hamo	MLGC, LLC	333
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	u list will serve as a form of system identification hereafter kn
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobi	le home parks should be reported in parentheses below the
Served	identified city.	
00.104		
	CITY OR TOWN	STATE
First	Enderlin	ND
Community	Kindred	ND
-	Finley	ND
	Sheldon	ND
d Rows as Necessary		
	Northwood	ND
	Cooperstown	ND
	Binford	ND
	Glenfield	ND
	McHenry	ND

	LEGAL NAME OF OWNER OF C								-2E. PAGE
Name	MLGC, LLC	ADLE STOTEM.						515	3333
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							a and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc						o manina p		
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count ur	nder "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	vo- or thre	e-word descript	ion of the s	ervice is	
	sufficient.	OCK 1					BLOCK	< 2	
		NO. OF		DATE	CAT			NO. OF	БАТ
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set		1,005	23.00	Retran	smission Fe	е	1,005	11.
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel		2	61.93					
	Commercial								
	Converter		1,005	3.50					
	Residential Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the un		usually	billed. If any ra	ites are ch	arged on a vari	able per-pr	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	e svstem for ea	ch of the a	applicable servi	ces listed.		
Rates	Block 2: List any services that	your cable sys	stem fur	nished or offer	ed during f	he accounting	period that		
	listed in block 1 and for which a brief (two- or three-word) descrip				shed. List	these other ser	vices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2	RAT
	Continuing Services:			ation: Non-res			OATEO		
	• Pay cable		• Mo	tel, hotel			Expand	led Basic	49.
	Pay cable—add'l channel	15.00	• Co	mmercial					
	Fire protection		• Pay	y cable					
	 Burglar protection 		-	y cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	40.00		glar protection					
	Additional set(s) EM radio (if sonarato rato)		- · ·	services:		40.00			
	 FM radio (if separate rate) Converter 	3.50		connect connect		40.00			
	Converter	3.30		tlet relocation					
			, Ou						
			• Mo	ve to new addr	ess				

		-		
me		CABLE SYSTEM:		SYSTEM ID# 33337
	MLGC, LLC PRIMARY TRANSMITTERS:	TELEVICION		33331
ary itters: sion	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, i n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part-time carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stationaried by your cable system on a subme Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESP -air designation. For example, reportion station for broadcasting over t station, an independent station, or a for network multicast), "I" (for independent station, in the paper SA1-2 form. the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KRDK	4		Valley City, ND
	KRDK WDAY	6	I N	Valley City, ND Fargo, ND
sary			N N	
ssary	WDAY	6		Fargo, ND
sary	WDAY WDAZ	6 8	N	Fargo, ND Grand Forks, ND
sary	WDAY WDAZ KVRR	6 8 10	N N	Fargo, ND Grand Forks, ND Fargo, ND
issary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
essary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
essary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
essary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
:essary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
essary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
cessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
cessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
cessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
cessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
ecessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
cessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
ecessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
ecessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
ecessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND
lecessary	WDAY WDAZ KVRR KVLY	6 8 10 11	N N	Fargo, ND Grand Forks, ND Fargo, ND Fargo, ND

Accounting F							FORM	I SA1-2E. PAGE
	OWNER OF C	CABLE SY	/STEM:					SYSTEM I
ALGC, LLC								333
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein t the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID#
Name	MLGC, LLC							33337
	SUBSTITUTE CARRIAGE	SPECIAI			G			
I	In General: In space I, identi				-	ion that your (cable eveto	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	• •		•				
Carriage:	1. SPECIAL STATEMEN		NING SUBST	ITUTE CARRIAGE				
Special	 During the accounting period 				s. anv nonne	work televisio	on program	ı
Statement and	broadcast by a distant stat	-	···· , ···	, ,	-,-, ,		YES	× NO
Program Log	-						-	
	Note: If your answer is "No'	, leave the re	est of this pag	e blank. If your answer is	"Yes," you mu	ist complete t	he progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their r	meaning is	
	clear. If you need more spa			sion program ("substitute	program") tha	t during the a	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, or	authorizations	s. See page (v) of the gene	eral instruction	ns for further i	information	
	Do not use general categori		ies" or "baskel	tball." List specific progran	n titles, for exa	ample, "I Love	e Lucy" or	
	"NBA Basketball: 76ers vs.		pact live onter	"Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
	Column 4: Give the broa	dcast station	n's location (th	e community to which the	station is lice		CC or, in	
	the case of Mexican or Can							
	first. Example: for May 7 giv		when your syst	em carried the substitute	program. Use	numerals, wi	th the mon	ith
			substitute prod	gram was carried by your	cable system	List the time	s accuratel	lv.
	to the nearest five minutes.							'y
	stated as "6:00–6:30 p.m."		-					
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	ining that yo				naregulation	0 111	
					11			
						N SUBSTIT		
	S					AGE OCCU 6. TIN		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	- TO	
						_		
		-						
						_		
							-	
							·	
						_		
						_		

Accounting Period:	2018/2 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Naille	MLGC, LLC 33337
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon 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
	Line 2. interest energy. Linter the annualit non-time 4, space 4, page 0
	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
	2. Enter amount of gross receipts from space K \$ 226,125.00
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 226,125.00
	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
	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)
	4. Enter the employed of grade receipte from ended K
	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
	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) \$ 942.59
Due	2. 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 \$ 962.59
	EFT Trace # or TRANSACTION ID # 75701461558
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	: 2018/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME O MLGC, LLC	OWNER OF CABLE SYSTEM:		SYSTEM ID# 33337
M Channels	 to its subscribe Enter the to system carrie Enter the to on which the 	ers, and (2) the cable system's total nu al number of channels on which the ca	cast stations	26 122
N Individual to Be Contacted	we can contac	O BE CONTACTED IF FURTHER IN t about this statement of account.)	FORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Tyler H Kilde	Telephone	e <u>701-437-9209</u>
	Address	301 Dewey Street (Number, street, rural route, apartment, or	r suite number)	
		Enderlin, ND 58027 (City, town, state, zip)		
	Email	tyler,kilde@mlgc.net	Fax (optional) 701-437-30)22
O Certification	I, the undersig (Ow (Age	ned, hereby certify that (Check one, <i>but</i> ner other than corporation or partners	ship) I am the owner of the cable system as identified in line 1 of space r partnership) I am the duly authorized agent of the owner of the cable statements.	B; or
	X (Of • I have examin are true, compl	icer or partner) I am an officer (if a corr n line 1 of space B. ed the statement of account and hereby	poration) or a partner (if a partnership) of the legal entity identified as ow declare under penalty of law that all statements of fact contained herein edge, information, and belief, and are made in good faith.	
			/s/ Tyler H Kilde	-
		Typed or printed name	e: Tyler H Kilde	
			sident osition held in corporation or partnership)	
		Date:		

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unting Period: 2018/2		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
GC, LLC		3333
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSE The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to service of providing secondary transmissions of primary broadcast transmitters scribers and amounts collected from subscribers receiving secondary transmiss For more information on when to exclude these amounts, see the note on page (vii) of located in the paper SA1-2 form.	Copyright Act by adding the fol- the cable system for the basic s, the system shall not include sub- ssions pursuant to section 119." f the general instructions	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross recommade by satellite carriers to satellite dish owners?		
YES. Enter the total here and list the satellite carrier(s) below.	\$	
Name Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of	f a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions lo	ocated in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	\$ 942.2	25 Interest Assessme
Line 1 Enter the amount of late payment or underpayment	\$ 942.2 × 1%	
	\$ 942.2 × 1%	
Line 1 Enter the amount of late payment or underpayment	\$ 942.2 × 1% 9.4 × 13 days	12
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here	\$ 942.2 × 1% × 1% × 1% × 1% × 1% × 1% × 1% × 122.4 × 0.00274	<u>12</u> 19
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here	\$ 942.2 × 1% 9.4 × 13 days 122.4	<u>12</u> 19
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here	\$ 942.2 × 1% × 1% × 13 days 122.4 × 0.00274 \$ 0.3 (interest charge)	<u>12</u> 19
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate</i>. 	\$ 942.2 x 1% 9.4 x 13 days 122.4 x 0.00274 \$ 0.3 (interest charge) .pdf. For further assistance please	<u>12</u> 19
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.</i> contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. 	\$ 942.2 x 1% y.4 9.4 x 13 days 122.4 122.4 x 0.00274 0.3 (interest charge) 0.3	<u>12</u> 19
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.</i> contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one NOTE: If you are filing this worksheet covering a statement of account already submit 	\$ 942.2 x 1% y.4 9.4 x 13 days 122.4 122.4 x 0.00274 0.3 (interest charge) 0.3	<u>12</u> 19
 Line 1 Enter the amount of late payment or underpayment	\$ 942.2 x 1% y.4 9.4 x 13 days 122.4 122.4 x 0.00274 0.3 (interest charge) 0.3	<u>12</u> 19
Line 1 Enter the amount of late payment or underpayment	\$ 942.2 x 1% y.4 9.4 x 13 days 122.4 122.4 x 0.00274 0.3 (interest charge) 0.3	<u>12</u> 19
Line 1 Enter the amount of late payment or underpayment	\$ 942.2 x 1% y.4 9.4 x 13 days 122.4 122.4 x 0.00274 0.3 (interest charge) 0.3	<u>12</u> 19
Line 1 Enter the amount of late payment or underpayment	\$ 942.2 x 1% y.4 9.4 x 13 days 122.4 122.4 x 0.00274 0.3 (interest charge) 0.3	<u>12</u> 19

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