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

Return completed workbook

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:			
for Seconda	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT	configence @loc gov			
Cable Systems (Short Form) General instructions are located in the first tab of this workbook			2/26/2019	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
A	ACC	2018/2	BY THIS STATEMENT: (Y Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31				
Accounting Period			Barcode Data Filing Period (optiona	ıl - see instructions)				
		Instructions:						
В		Give the full legal name of the owner of t of the subsidiary, not that of the parent of		idiary of another corporation, give the full co	rporate title			
Owner		List any other name or names under whi	ch the owner conducts the business of	the cable system				
owner								
		If there were different owners during the single statement of account and royalty f		the last day of the accounting period should should should string period.	submit a			
		7			467			
		Check here if this is the system's first filir	ig. If not, enter the system's iD humber	assigned by the Licensing Division.				
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		WINDSTREAM MISSOURI INC						
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	-)				
		MAILING ADDRESS OF OWNER OF						
		2000 COMMUNICATIONS I (Number, street, rural route, apartment, or suite						
		BALDWIN GA 30511-1762						
	INST	(City, town, state, zip)	ness or trade names used to ide	ntify the business and operation of the	a system unless these			
C				ie system, if different from the addres				
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CABLE SYSTE	M:					
	2	(Number, street, rural route, apartment, or suite	number)					
		(City, town, state, zip code)						
L		(,, iom, oraco, Lip codo)						

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

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	WINDSTREAM MISSOURI INC	467
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	'community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, o	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	STOCKTON	MO
Community		
dd Rows as Necessary		

		ARIE SVOTEM						FORM SA1	TEM II		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM MISSOURI INC										
	WINDSTREAM MISSOURI INC 46										
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							0			
Service: Sub-	Number of Subscribers: Bot	•									
scribers and Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rales	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).										
	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				tanda	rd rate variatior	is within a	particular rate			
	category, but do not include disc							ing that apply			
	Block 1: In the left-hand block systems most commonly provide	•		Ũ		•					
	that applies to your system. Not										
	categories, that person or entity			-		-					
	subscriber who pays extra for ca					l in the count u	nder "Serv	ice to the			
	first set" and would be counted o					convice that ar	different	from these			
	Block 2: If your cable system printed in block 1 (for example, t	-		•							
	with the number of subscribers a						,.				
	sufficient.	,	5			I					
	BLC	DCK 1 NO. OF					BLOC		ł		
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CATE	GORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:										
	Service to first set		107	61.75							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel		1	61.75							
	Commercial		1	61.75							
	Converter										
	Residential										
	Non-residential										
			Non								
_	SERVICES OTHER THAN SEC In General: Space F calls for ra				ct to al	ll vour cable sv	stem's ser	vices that were			
F	not covered in space E, that is, t	•	,			• •					
	service for a single fee. There a	•		•			0 (,			
Services	furnished at cost or (2) services										
Other Than Secondary	amount of the charge and the ur		usually	billed. If any rates a	are cn	arged on a var	able per-p	program basis,			
ransmissions:	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.										
Rates	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	vices in th	e form of a								
	brief (two- or three-word) description and include the rate for each.										
		BLOC						BLOCK 2			
	CATEGORY OF SERVICE	RATE		SORY OF SERVICE		RATE	CATEG	ORY OF SERVICE	RAT		
	Continuing Services:			ation: Non-residen	itiai						
	• Pay cable	18.00		tel, hotel							
	Pay cable—add'l channel Eiro protoction			mmercial							
	Fire protection Burglar protection		-	/ cable	al						
			-	y cable-add'l channe e protection	CI						
	e .		• = 116								
	Installation: Residential	50.00	- D. ···	•							
	Installation: Residential • First set	50.00		glar protection							
	Installation: Residential • First set • Additional set(s)		Other s	glar protection services:		25.00					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other : • Red	glar protection services: connect		35.00					
	Installation: Residential • First set • Additional set(s)		Other s • Rec • Dis	glar protection services: connect connect							
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other s • Rec • Dis • Out	glar protection services: connect		35.00 35.00 50.00					

				FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER O			SYSTEM ID# 467				
	WINDSTREAM MISSOURI INC							
G Primary nsmitters: elevision	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, <i>except</i> (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), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 07.663 (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 t							
	1. CALL SIGN	4. LOCATION OF STATION						
	κγτν	3	N	SPRINGFIELD MO				
	KYTV WEATHER	3.2	I-M					
			1-141	SPRINGFIELD MO				
ows as Necessary	KOLR	10	N	SPRINGFIELD MO SPRINGFIELD MO				
is as Necessary								
vs as Necessary	KOLR	10	N	SPRINGFIELD MO				
s as Necessary	KOLR KOZK	10 21	N	SPRINGFIELD MO SPRINGFIELD MO				
's as Necessary	KOLR KOZK KOZL	10 21 27	N	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO				
is as Necessary	KOLR KOZK KOZL KWBM	10 21 27 31	N	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR				
vs as Necessary	KOLR KOZK KOZL KWBM KSPR	10 21 27 31 33	N E I I I	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO				
ws as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E I I I	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO				
ws as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E I I I	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO				
ows as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E I I I	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO				
ows as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E I I I	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO				
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ows as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E I I I	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO				
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ows as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E I I I	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO				
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ows as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E I I I	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO				
ows as Necessary	KOLR KOZK KOZL KWBM KSPR KRBK	10 21 27 31 33 49	N E I I I	SPRINGFIELD MO SPRINGFIELD MO SPRINGFIELD MO HARRISON AR SPRINGFIELD MO OSAGE BEACH MO				

LEGAL NAME OF							1	SYSTEM
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing	y the sys be recein at the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Mexican or Can	adian stations		the community with which the	station is identifi	ed).	C 01, III		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Peric	-						FORM	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	WINDSTREAM MISSO	URI INC						467
	SUBSTITUTE CARRIAG							
1		-	-			tion that was		to up a surficial autor
	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	 During the accounting per 				sis. anv noni	network tele	evision proa	ram
Statement and	broadcast by a distant sta		,	,	, ,	Γ		× NO
Program Log						L	YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must compl	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wnerever p	ossidie, it ti	neir meaning	gis
	· ·			vision program ("substitute	e program") t	hat. during	the account	ina
	period, was broadcast by a	i distant sta	tion and that y	our cable system substitut	ed for the pr	ogramming	of another	station
	under certain FCC rules, re	gulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for fur	ther informa	tion.
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	_		dcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
				the community to which th			he FCC or,	in
	the case of Mexican or Car						a with the m	a a m th
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerai	s, with the h	nonun
	. , , ,		e substitute pr	ogram was carried by you	r cable syste	m. List the	times accura	ately
	to the nearest five minutes.							,
	stated as "6:00-6:30 p.m."	"D" :(1	P. 4. 1		·			·
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		<i>jea</i> . <i>eje</i>			, and regard		
						N SUBSTI		7. REASON FOR
		2. LIVE?	E PROGRAM			AGE OCC		DELETION
	1. TITLE OF PROGRAM	Z. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— то	
							_	
							_	
							_	
			[
							_	
							_	
							_	
							_	
1								

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM MISSOURI INC	SY	YSTEM ID# 467
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	3,972.00 ss 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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and			
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM MISSOURI INC	SYSTEM ID# 467
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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	9 47
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name PAM HENDRIX (pam.hendrix@windstream.com) Telephone 70	06.776.4618
	Address 2000 COMMUNICATIONS BLVD (Number, street, rural route, apartment, or suite number) BALDWIN GA 30511 (City, town, state, zip)	
	Email sandra.blade@windstream.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	stem as identified
	X /S/ TIMOTHY P LOKEN Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: TIMOTHY P LOKEN Title: DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)	
	Date: FEBRUARY 25, 2019	

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ounting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
NDSTREAM MISSOURI INC	46
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statement Concerning Gross 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 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x () ()()2/4	
x 0.00274	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ -	
Line 4 Multiply line 3 by 0.00274** and enter here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ -	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
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