This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
3/1/2019	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MCC Iowa, LLC (Maquoketa, IA)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(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.

Accounting Period:	2019/2	1						
Accounting Periou.	2010/2	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name		4888						
	MCC Iowa, LLC (Maquoketa, IA)							
D	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 entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the dentified city.							
	CITY OR TOWN	STATE						
First	Maquoketa	IA						
Community								
Add Rows as Necessary								
		,						

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Iowa, LLC (Maquoketa, IA)

4888

Ε

Secondary Transmission Service: Subscribers 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.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	784	40.49-51.54			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	2	40.49-51.54			
Converter					
Residential					
Non-residential					
		T			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	78.49
 Pay cable—add'l channel 	PP	Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	99.99	Burglar protection			
Additional set(s)	15.00-29.00	Other services:			
• FM radio (if separate rate)		Reconnect	29.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-29.00		
		Move to new address)

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4888

MCC Iowa, LLC (Maquoketa, IA)

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCRG ABC	9	N	Cedar Rapids, IA
KFXB CTN	40	<u>l</u>	Dubuque, IA
KGAN CBS	51	N	Cedar Rapids, IA
KGCW/KGCW(HD) CW	41	I	BURLINGTON, IA
KGCW-DT2 This TV	41.2	I	BURLINGTON, IA
KIIN/KIIN(HD) IPTV PBS	12	E	lowa City, IA
KIIN-DT2 IPTV KIDS (HD)	12.2	E	lowa City, IA
KIIN-DT3 IPTV PBS Worlds	12.3	E	lowa City, IA
KIIN-DT4 IPTV PBS Create	12.4	E	lowa City, IA
KLJB/KLJB(HD) FOX	49	I	Davenport, IA
KLJB-DT2 MeTV	49.3	I	Davenport, IA
KWQC/KWQC(HD) NBC	36	N	Davenport, IA
KWQC-DT3 COZI TV	36.3	N	Davenport, IA
KWQC-DT4 H&I	36.4	N	Davenport, IA
WHBF/WHBF(HD) CBS	4	N	Rock Island, IL
WMWC/WMWC (HD) TBN	8	I	Davenport, IA
WMWC-DT2 HILLSONG CHANNE	8.2	I	Davenport, IA
WMWC-DT3 JUCE TV/Smile of a	8.3	I	Davenport, IA
WMWC-DT4 ENLANCE USA	8.4	l	Davenport, IA
WMWC-DT5 TBN SALSA	8.5	I	Davenport, IA
WQAD/WQAD(HD) ABC	38	N	Moline, IL
WQAD-DT2 ANTENNA TV	38.2	N	Moline, IL
WQAD-DT3 /WQAD-DT3 (HD) My	38.3	N	Moline, IL
WQPT/WQPT(HD) PBS	24	E	Moline, IL
WQPT-DT2 PBS Worldview	24.2	E	Moline, IL

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 4888 MCC Iowa, LLC (Maquoketa, IA) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary Transmitters: substitute program basis, as explained in the next paragraph. Television Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 2. B'CAST CHANNEL NUMBER 1. CALL SIGN 3. TYPE OF STATION 4. LOCATION OF STATION

		J. 111 2 J. J. 111011	2007111011 01 011111011
KGCW-DT3 Laff	41.3	1	BURLINGTON, IA
KGCW-DT4 Bounce TV	41.4	I	BURLINGTON, IA
WHBF-DT3 Grit	4.3	N	Rock Island, IL
WHBF-DT4 Escape	4.4	N	Rock Island, IL
WПБГ-D14 ESCAPE	4.4	IA	NOCK ISIAIIU, IL
WQAD-DT4 Justice Network	38.4	N	Moline, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Iowa, LLC (Maquoketa, IA)

4888

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
							
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Accounting Perio	d: 2018/2						FOR	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#	
Name	MCC Iowa, LLC (Maque	oketa, IA)						4888	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the acceptanation of the programmi	by a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	For a further				
Carriage:		explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special					oio ony nonn	twork tolow	iolon program		
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	and hand deart by a distant station?								
	effect on October 19, 1976.				1 10/11	TN CLIDET	.TT.		
	S	UBSTITUT	E PROGRAM	1		EN SUBST RIAGE OCC		7. REASON FOR	
	TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		TIMES TO	DELETION	
		103 01 140	O/ LEE OIOIN	4. 01/(1101(0 200/(1101	7,110 5,11	TROW	_		
								"	
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							_		
							_		

counting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:					A1-2E. PAGE YSTEM II
Name	MCC Iowa, LLC (Maquoketa, IA)					488
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this s all amounts (gross receipts) paid to your c (as identified in space E) during the accou page (vii) of the general instructions locate Gross receipts from subscribers for se	able system by subscribers for the inting period. For a further explanted in the paper SA1-2 form. econdary transmission service(s)	e system' ation of ho	s secondary tran ow to compute th	smission service is amount, see	ce
	during the accounting period IMPORTANT: You must complete a state				\$ 19 (Amount of gr	5,870.17 oss receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee yo Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts Use block 2 if the amount of gross receipts Use block 3 if the amount of gross receipts Eee page (vi) of the general instructions locate	s in space K is \$137,100 or less s in space K is more than \$137,1 s in space K is more than \$263,8	00 but les	s than \$527,600	o \$263,800	
	BLOCK	K 1: GROSS RECEIPTS OF \$1	37,100 O	R LESS		
	Instructions: As a cable system with gross reaccounting period is \$52.00	eceipts of \$137,100 or less, the roya	alty fee tha	at you must pay fo	r this six-month	
	Line 1. Royalty fee for accounting period				. <u> </u>	
	Line 2. Interest charge. Enter the amount from	om line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE F	RECEIPTS OF \$263,800 OR L			-	
	Base amount under statutory formula	• •	,		, ,	
	2. Enter amount of gross receipts from space	e K	\$	195,870.17	_	
	3. Subtract line 2 from line 1		\$	67,929.83		
	4. Enter the amount of gross receipts from s	pace K		\$	195,870.17	
	5. Enter the amount from line 3			\$	67,929.83	
	6. Subtract line 5 from line 4			\$	127,940.34	
	7. Multiply line 6 by .005 (enter figure here) .				\$	639.70
	8. Interest charge. Enter the amount from lin	ne 4, space Q, page 8			·	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR	ACCOUNTING PERIOD. Add lines	7 and 8 .		\$	639.70
	BLOCK 3: GROSS R	ECEIPTS OF MORE THAN \$2	63,800 (b	ut less than \$52	7,600)	
	Enter the amount of gross receipts from s	pace K			_	
	2. Base amount under statutory formula		\$	263,800.00	_	
	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 lin	ne 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR	ACCOUNTING PERIOD. Add lines	4, 5, and	6		
	FILING FEE	E AND TOTAL REMITTANCE D	UE			
Filing Fee and						
otal Remittance Due	Royalty Fee Payable for Accounting Perio	d (from Block 1, 2, or 3, above)		<u>\$</u>	639.70	
Due	2. Filing Fee (See the instructions for more in	nformation on filing fee calculations	3)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTI	NG PERIOD. Add lines 2 and 3.			\$	659.70
	Important: Your remittance must be	oe in the form of an electronic pa	yment pa	yable to the Regi	ster of Copyrig	jhts!
	Important: Your remittance must b		yment pa	yable to the Regi	ster of Copyrig	

_	: 2018/2			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: C (Maquoketa, IA)		SYSTEM ID# 4888
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	s, and (2) the cable system's to I number of channels on which I television broadcast stations. I number of activated channels able system carried television by		69
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of account	ER INFORMATION IS NEEDED (Identify an individual to whom .)	
for Further Information	Name	Kenneth J. Kohrs	Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartn	ent. or suite number)	
		Mediacom Park, NY (City, town, state, zip)		
	Email	Copyrights@me	diacomcc.com Fax (optional)	
	CERTIFICATION	(This statement of account mu	st be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check on		or
	X (Agen	t of owner other than corporat	ion or partnership) I am the duly authorized agent of the owner of the cable sys ner is not a corporation or partnership; or	
		cer or partner) I am an officer (if line 1 of space B.	a corporation) or a partner (if a partnership) of the legal entity identified as owne	er of the cable system
		e, and correct to the best of my k	ereby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.	
			X /s/ Kenneth J. Kohrs	
			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: Kenneth J. Kohrs	
			Vice President, Financial Reporting	
		Date:	2/21/2019	

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

counting Period: 2018/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CC Iowa, LLC (Maquoketa, IA)	4888
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."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	mm.
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 Assessment
x	
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	_
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	_
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
Address	
ID number	
First community served Accounting period	

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