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 COPYRIGH	HT OFFICE USE ONLY	Beturn 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		\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook	03/01/2019	ALLOCATION NUMBER	Tel: (202) 707-8150
F			
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	
2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20182 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
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701
		(City, town, state, zip)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		MONTANA STATE PRISON
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063044
D Area	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin Note: Entities and properties such as hotels, apartments, condominiums, or mo	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Served	identified city.	
	CITY OR TOWN	STATE
First	DEER LODGE	MT
Community	(MONTANA STATE PRISON)	
Add Rows as Necessary		
Add nows as necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							06304
					TEO				
E	SECONDARY TRANSMISSION In General: The information in s			-	-	/ transmission s	ervice of th	e cable	
	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in spa	ice F, n	ot here. All the	facts you	state must be th			
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	ice at the rate in	dicated	I-not the numb	per of sets	s receiving servi	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				y standar	d rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				es of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide	e to their subscri	bers. G	ive the number	of subsc	ribers and rate f	or each list	ed category	
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					in the count un	uer Servic	e lo lhe	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	ind rates, in the	right-ha	and block. A two	o- or three	e-word descripti	on of the se	ervice is	
	sufficient.	OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	DC	RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE	RO	NATE	CAT	LOOKT OF SEE	VICE	SUBSCRIBERS	NAIL
	Service to first set		0	_					
	Service to additional set(s)		ŏ	0					
	• FM radio (if separate rate)		Ĭ						
	Motel, hotel								
	Commercial		37	42.53					
	Converter		<u> </u>						
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un	nit in which it is u							
Secondary	enter only the letters "PP" in the		o ochio	avetem for and	h of the c		an linted		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and include	e the ra	te for each.					
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE (CATEG	ORY OF SERV	/ICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi	dential				
	Pay cable	-		el, hotel					
	Pay cable—add'l channel	-		nmercial					ļ
	 Fire protection 			cable					
	•Burglar protection			cable-add'l cha	annel				
	Installation: Residential			protection					
	• First set	-		glar protection					
	Additional set(s)			ervices:					
	FM radio (if separate rate)			onnect		-			
	Converter		 Disc 	connect					
			~						
				et relocation ve to new addre		-			

ting Period:				FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF			SYSTEM
	CEQUEL COMMUNIC	ATIONS LLC		0630
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including		
G		n during the accounting period, exception		
mary		n effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.		
tters:		s explained in the next paragraph.		
ion	Substitute Basis Stations	: With respect to any distant stations of	carried by your cable system on a su	bstitute program
		les, regulations, or authorizations:		
	 Do not list the station here station was carried only on 	e in space G—but do list it in space I (the Special Statement and Program	Log)—If the
	-	also in space I, if the station was carrie	ed both on a substitute basis and als	o on some other
	basis. For further informatio	n concerning substitute basis stations	s, see page (v) of the general instruct	ions.
		i's call sign. Do not report origination		
	"WETA-2" as the same on t	l with a station according to its over-th	ie-air designation. For example, rep	ort multistream
		In number the FCC assigned to the tel	levision station for broadcasting over	the air in its community
		RC is channel 4 in Washington, D.C.	-	·
		case whether the station is a network	•	
		ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),		
		rms, see page (iv) of the general instr		onal mullicast).
		n of each station. For U.S. stations, lis		is licensed by the
	FCC. For Mexican or Canad	dian stations, if any, give the name of	the community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBTZ-1	24	I	BUTTE, MT
	KBZK-1	7	N	BOZEMAN, MT
ecessary	KTVM-1	6	N	BUTTE, MT
	KUSM-1	8	Е	BOZEMAN, MT
	KWYB-1	19	N	BUTTE, MT

EGAL NAME OF								SYSTEM ID 06304
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
pecial Instruct eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	tions Conce it is carried by monitoring, to ormation about m. lentify the call tate whether to the radio stat this by placing ive the station	rning AI y the sys be receint t the Co sign of the static ion's sig g a check n's locati	I-Band FM Carriage: Under (them whenever it is received a wed at the headend, with the popyright 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	Copyright Office r t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	egulations, ar adend, and (2 mna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain st eneral i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		0.75		0411 01011		0/5		
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						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC				063044
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
I I	In General: In space I, identi				-	ion that your cable	system carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE			
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television pr	ogram
Statement and	broadcast by a distant star	•					
Program Log	,				0.4 1		
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete the p	rogram
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subst			to line. Lice abbroviations	whorovor pos	sible, if their mean	ning is
	clear. If you need more spa				wherever pos	Sible, il triell'rriedi	
				sion program ("substitute	program") tha	t, during the accou	unting
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of anothe	er station
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further inform	mation.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Luc	sy" or
			lcast live enter	" "Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
				e community to which the		nsed by the FCC	or, in
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is ider	ntified).	
			when your sys	tem carried the substitute	program. Use	numerals, with the	e month
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your			
	stated as "6:00–6:30 p.m."		i program cam		10 p.m. to 0.2	0.00 p.m. 310010 c	
		er "R" if the	listed program	was substituted for progra	imming that y	our system was <i>r</i> e	equired
	to delete under FCC rules a						program
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCURRE	D 7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	DELETION
							-
						_	
						_	
						_	
						_	
						_	
1			1		1	1	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 063044
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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	9,360.00 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	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 group requires from anona l		
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	4 040 00	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	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
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063044
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 broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	5 37
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 SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.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 sy in line 1 of space B and that the owner is not a corporation or partnership; or X (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)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	rstem as identified
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 02/18/2019	

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unting Period: 2018/2		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
UEL COMMUNICATIONS LLC		0630
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the g service of providing secondary transmissions of primary la scribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, see the located in the paper SA1-2 form.	on 111(d)(1)(A), of the Copyright Act by adding the fol- pross amounts paid to the cable system for the basic broadcast transmitters, the system shall not include sub- ing secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gross Receipts Exclusio
During the accounting period, did the cable system exclude any made by satellite carriers to satellite dish owners?	amounts of gross receipts for secondary transmissions	
YES. Enter the total here and list the satellite carrier(s) below	w\$	
Name	Name Mailing Address	-
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments su		0
For an explanation of interact accomment, and name (viii) of the		
For an explanation of interest assessment, see page (viii) of the	general instructions located in the paper SA1-2 form.	<u> </u>
Line 1 Enter the amount of late payment or underpayment		Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessme
	x	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x re	Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum he	x	Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum he Line 3 Multiply line 2 by the number of days late and enter the sum late Line 4 Multiply line 3 by 0.00274** and enter here	x - yre - x - x - x - days - sum here - x 0.00274 block 3 line 6 \$ (interest charge) licensing/interest-rate.pdf. For further assistance please	Interest Assessme
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum he Line 3 Multiply line 2 by the number of days late and enter the sum 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 b * To view the interest rate chart click on <i>www.copyright.gov/l</i> 	x	Interest Assessme
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum he Line 3 Multiply line 2 by the number of days late and enter the sum 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 b * To view the interest rate chart click on <i>www.copyright.gov/l</i> contact the Licensing Division at (202) 707-8150 or licensir 	x	Interest Assessm
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum he Line 3 Multiply line 2 by the number of days late and enter the sum 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 b * To view the interest rate chart click on <i>www.copyright.gov/l</i> contact the Licensing Division at (202) 707-8150 or licensire ** This is the decimal equivalent of 1/365, which is the interee NOTE: If you are filing this worksheet covering a statement of acceleration. 	x	Interest Assessme
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum he Line 3 Multiply line 2 by the number of days late and enter the sum 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 b * To view the interest rate chart click on <i>www.copyright.gov/l</i> contact the Licensing Division at (202) 707-8150 or licensing ** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of action of the list below the owner, address, first community served, ID number 	x	Interest Assessme
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum he Line 3 Multiply line 2 by the number of days late and enter the sum 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 b * To view the interest rate chart click on <i>www.copyright.gov/l</i> contact the Licensing Division at (202) 707-8150 or licensin ** This is the decimal equivalent of 1/365, which is the interee NOTE: If you are filing this worksheet covering a statement of ac list below the owner, address, first community served, ID number 	x	Interest Assessme
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