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	IT 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	03/19/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	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		
		Instructions:
В		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
		WILKES TELEPHONE & ELECTRIC COMPANY
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P O BOX 277 (Number, street, rural route, apartment, or suite number)
		WASHINGTON, GA 30673
		(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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

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		
	WILKES TELEPHONE & ELECTRIC COMPANY	632
D	Instructions: List each separate community served by the cable system. A "community" "a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w as the "first community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom identified city.	ne parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	CITY OF LINCOLNTON 1156	GA
Community	LINCOLN COUNTY 1086	GA
	CITY OF WASHINGTON 1136	GA
d Rows as Necessary	TALIAFERRO COUNTY 1172	GA
	RAYLE TOWN OF 1172	GA
	CITY OF CRAWFORDVILLE 1171	GA
	CITY OF SHARON 1169	GA
	WILKES COUNTY 1137	GA
	TOWN OF TIGNALL 1200	GA

									TEM ID
Name	LEGAL NAME OF OWNER OF C/ WILKES TELEPHONE &		COM					313	6320
	WILKES TELEFHONE &	ELECTRIC	CONI						
Е	SECONDARY TRANSMISSION			-	-				
L	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ng on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc				,				
	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								
	first set" and would be counted of								
	Block 2: If your cable system	has rate catego	ories for	secondary tra	nsmission				
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	and block. A ty	vo- or three	e-word descript	on of the se	ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIB	EKS	RAIL	CAT	EGORT OF SE	RVICE	SUBSCRIBERS	RAIL
	Service to first set					D BASIC AN	AL OG	24	\$16.9
	Service to additional set(s)								ψ. ο. ο
	• FM radio (if separate rate)				FXPAN	DED BASIC		41	\$55.9
	Motel, hotel				-///		/		ψοσ.σ
	Commercial					L PLUS PAP	7	36	\$69.9
	Converter				DIGITA				ψ00.0
	Residential		84	751.80					
	Non-residential		07	751.00					
	• 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								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	Pay cable		• Mo	tel, hotel					
	• Pay cable—add'l channel		• Co	mmercial					
	Fire protection		• Pay	y cable					1
	•Burglar protection		• Pay	, v cable-add'l cl	nannel				
	Installation: Residential		• Fire	e protection					
	First set	\$55		glar protection	I				
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect					
	Converter	\$0.00		connect					
				tlet relocation					
			• Mo	ve to new addr	ess				

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	WILKES TELEPHONE	& ELECTRIC COMPANY		632
	PRIMARY TRANSMITTERS:	TELEVISION		
G rrimary nsmitters: levision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(c 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a such the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form.	time basis under tams [sections ations carried on a lostitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAGT	26	N	AUGUSTA, GA
	WJBF	6	Ν	AUGUSTA, GA
as Necessary	WRDW	12	Ν	AUGUSTA, GA
	WFXG`	54	Ν	AUGUSTA, GA
	WCES	20	Ν	AUGUSTA, GA
	WJBJ-DT	406	Ν	AUGUSTA, GA
	WJBJ-DT	406	N	AUGUSTA, GA
	WFXG-DT	451	N	AUGUSTA, GA
	WFXG-DT	451	N	AUGUSTA, GA
	WFXG-DT	451	N	AUGUSTA, GA
	WRDW-DT	412	N	AUGUSTA, GA
	WFXG-DT	451	N	AUGUSTA, GA
	WRDW-DT	412	N	AUGUSTA, GA
	WFXG-DT	451	N	AUGUSTA, GA
	WRDW-DT	412	N	AUGUSTA, GA
	WFXG-DT	451	N	AUGUSTA, GA
	WRDW-DT	412	N	AUGUSTA, GA
	WFXG-DT	451	N	AUGUSTA, GA
	WRDW-DT	412	N	AUGUSTA, GA
	WFXG-DT	451	N	AUGUSTA, GA
	WRDW-DT	412	N	AUGUSTA, GA
	WFXG-DT	451	N	AUGUSTA, GA
	WRDW-DT	412	N	AUGUSTA, GA
	WFXG-DT	451	N	AUGUSTA, GA
	WRDW-DT	412	N	AUGUSTA, GA
	WFXG-DT	451	N	AUGUSTA, GA
	WRDW-DT	412	N	AUGUSTA, GA
	WFXG-DT	451	N	AUGUSTA, GA
	WRDW-DT	412	N	AUGUSTA, GA
	WFXG-DT	451	N	AUGUSTA, GA
	WRDW-DT	412	N	AUGUSTA, GA
	WFXG-DT	451	N	AUGUSTA, GA
	WRDW-DT	412	N	AUGUSTA, GA
	WFXG-DT	451	N	AUGUSTA, GA
	WRDW-DT	412	N	AUGUSTA, GA

Accounting P	Period: 2018	/2					FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
WILKES TEL	LEPHONE &	& ELEC	CTRIC COMPANY					63200
all-band basis w Special Instruc receivable if (1)	t every radio s vhose signals ctions Conce it is carried b	station ca were ge rning Al y the sys	arried on a separate and discr nerally receivable by your cat I-Band FM Carriage: Under stem whenever it is received a	ble system during Copyright Office at the system's he) the accountin regulations, ar eadend, and (2	ig perioo n FM sig 2) it can	1. nal is generally be expected,	H Primary Transmitters: Radio
For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	ormation abou rm. dentify the call state whether to the radio stat this by placing Sive the station	t the Co sign of the static ion's sig g a chect n's locati	ved at the headend, with the opyright Office regulations on 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	this point, see pa sed by the cable s ne station is licen	nge (v) of the g system as a se sed by the FC	eneral i eparate	nstructions in the. and discrete	Radio
		C/D				C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
NO RADIO	<u> </u>							
BROADCAST	Γ							

Accounting Perio	d: 2018/2						FORM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	ΓEM:				SYSTEM ID#
Name	WILKES TELEPHONE	& ELECTI	RIC COMPA	NY			63200
	SUBSTITUTE CARRIAG				G		
I	In General: In space I, ident					on that your cable	e system carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN	T CONCER	NING SUBST	ITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work television pr	
Program Log	broadcast by a distant sta	tion?				Y	ES X NO
	Note: If your answer is "No	. leave the	rest of this pag	e blank. If vour answer is '	'Yes." vou mu	st complete the p	
	log in block 2.	,			····, j·····		
	2. LOG OF SUBSTITUTE	E PROGRA	MS				
	In General: List each subst	titute progra	m on a separa		wherever pos	sible, if their mear	ning is
	clear. If you need more spa				orogram") that	t during the ecco	unting
	period, was broadcast by a			sion program ("substitute ur cable system substitute			
	under certain FCC rules, re						
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Luc	cy" or
	"NBA Basketball: 76ers vs.		least live onto	"Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
	Column 4: Give the broa	adcast statio	n's location (th	e community to which the	station is licer	nsed by the FCC	or, in
	the case of Mexican or Can	adian statio	ns, if any, the o	community with which the	station is iden	tified).	a manth
	first. Example: for May 7 give		when your sys	tem carried the substitute	brogram. Use	numerais, with th	ie month
			substitute pro	gram was carried by your	cable system.	List the times acc	curately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that w	our oveters was r	required
	to delete under FCC rules a						
	was substituted for program	nming that y					F - 0 -
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	:
	S	UBSTITUT	E PROGRAM			AGE OCCURRE	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО
	WE HAVE NO						
	AD INSERTION						
	EQUIPMENT						
	NO WAY						
	TO SUBSTITUTE						
	PROGRAMMING					<u></u>	
						_	
						_	
]				_	
						_	
						_	
						—	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WILKES TELEPHONE & ELECTRIC COMPANY	SI	STEM ID# 63200
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	
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	63,800	
	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	\$	0.02
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.02
	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	<u> </u>	
	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		
	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)	52.02	
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	\$	67.02
	EFT Trace # or TRANSACTION ID # 75701642885		
	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		OWNER OF CABLE SYSTEM: EPHONE & ELECTRIC COMP	PANY	SYSTEM ID# 63200
M Channels	to its subscribe 1. Enter the to system carrie	ers, and (2) the cable system's to al number of channels on which ad television broadcast stations .	channels on which the cable system carried television broadcast stations tal number of activated channels during the accounting period. the cable	6 BROADCAST
	on which the	al number of activated channels cable system carried television b dcast services	proadcast stations	231 TOTAL
N Individual to Be Contacted		O BE CONTACTED IF FURTHE t about this statement of account	R INFORMATION IS NEEDED (Identify an individual to whom .)	
for Further Information	Name	JAYNE B CALLAWAY	Telephone	706-678-9531
	Address	11 E COURT STREET (Number, street, rural route, apartm WASHINGTON, GA 30 (City, town, state, zip)		
	Email	jcallaway@relya	ntcommunications.com Fax (optional)	
O Certification	I, the undersig (Ow (Age	ned, hereby certify that (Check one ner other than corporation or par nt of owner other than corporati	st be certified and signed in accordance with Copyright Office regulations) e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the cable system as identified in line 1 of space B; ion or partnership) I am the duly authorized agent of the owner of the cable sy rer is not a corporation or partnership; or	
	 I have examin are true, compl 	n line 1 of space B. ed the statement of account and he	a corporation) or a partner (if a partnership) of the legal entity identified as own ereby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.	er of the cable system
			X /s/ JAYNE B CALLAWAY 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 r	name: JAYNE B CALLAWAY	
			OPERATIONS icial position held in corporation or partnership)	
		Date:	03-13-2019	

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	/2		FORM SA1-2E. PAGE
AL NAME OF OWNEF	OF CABLE SYSTEM:		SYSTEM I
KES TELEPHO	NE & ELECTRIC COMPANY		632
The Satellite Hom lowing sentence: "In determi service of p scribers an For more informat	TEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS e Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the for hing the total number of subscribers and the gross amounts paid to the cable system for the basic roviding secondary transmissions of primary broadcast transmitters, the system shall not include d amounts collected from subscribers receiving secondary transmissions pursuant to section 119. on on when to exclude these amounts, see the note on page (vii) of the general instructions	sub-	P Special Statemen Concerning Gross Receipts Exclusio
	er SA1-2 form. ing period, did the cable system exclude any amounts of gross receipts for secondary transmissio arriers to satellite dish owners?	ons	
X NO			
YES. Enter the	e total here and list the satellite carrier(s) below.		
Name	Name		
Mailing Address	Mailing Address		
INTEREST AS	SESSMENT		
	e this worksheet for those royalty payments submitted as a result of a late payment or underpaym 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	52.00	Interest Assessme
	× 19	6	Interest Assessme
	x 19	6 0.52	Interest Assessme
Line 2 Multiply lir	x 19	6 0.52 3 days	Interest Assessme
Line 2 Multiply lir	x 19	6 0.52	Interest Assessme
Line 2 Multiply lir Line 3 Multiply lir	x 19 x 19 x 2 by the number of days late and enter the sum here	6 0.52 3 days	Interest Assessme
Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin	x 19 e 1 by the interest rate* and enter the sum here	6 0.52 3 days 6.76 0.02	Interest Assessme
Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin in space L	x 19 x 19 x 19 x 19 x 19 x 12 x 12	6 0.52 3 days 6.76 0.02	Interest Assessme
Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin in space L * To view the in	x 19 e 1 by the interest rate* and enter the sum here	6 0.52 3 days 6.76 0.02	Interest Assessme
Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin in space L * To view the in contact the L	x 19 x 19 x 19 x 19 x 19 x 19 x 19 x 10 x 10	6 0.52 3 days 6.76 0.02	Interest Assessme
Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin in space L * To view the in contact the L ** This is the d	x 19 x 19 x 19 x 19 x 19 x 19 x 19 x 19 x 10 x 10	6 0.52 3 days 6.76 0.02 e)	Interest Assessme
Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin in space L * To view the in contact the L ** This is the d NOTE: If you are f	x 19 x 19 x 19 x 19 x 19 x 19 x 19 x 19 x 19 x 10 x 10	6 0.52 3 days 6.76 0.02 e) ease	Interest Assessme
Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin in space L * To view the in contact the L ** This is the d NOTE: If you are f list below the own	x 19 x 19 x 19 x 12 x 0.00274 x 0.002	6 0.52 3 days 6.76 0.02 e) ease	Interest Assessme
Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin in space L * To view the in contact the L ** This is the d NOTE: If you are f list below the owned Owner M Address 1	x 19 e 1 by the interest rate* and enter the sum here	6 0.52 3 days 6.76 0.02 e) ease	Interest Assessme
Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin in space L * To view the in contact the L ** This is the d NOTE: If you are f list below the own Owner M Address M	x 19 e 1 by the interest rate* and enter the sum here	6 0.52 3 days 6.76 0.02 e) ease	Interest Assessme
Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin . To view the in contact the L 	x 19 e 1 by the interest rate* and enter the sum here	6 0.52 3 days 6.76 0.02 e) ease	Interest Assessme

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