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

STATEM	ENT OF ACCOUNT	FOR COPYRIGI	HT OFFICE USE ONLY	Return completed workbook by email to:		
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>		
Cable Syste	ms (Short Form)		ę	For additional information,		
General instru	ctions are located		\$	contact the U.S. Copyright Office Licensing Division at:		
in the first tab	of this workbook	2/26/2019	ALLOCATION NUMBER	Tel: (202) 707-8150		
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))			
	2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
		1				
		Barcode Data Filing Period (optional	- see instructions)			
Accounting Period						
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full cor	porate title		
Owner	List any other name or names under which	n the owner conducts the business of t	he cable system.			
	-		he last day of the accounting period should s	ubmit a		
	single statement of account and royalty fe			63215		
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.			
	LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM				
	WINDSTREAM SOUTH CAROLINA L	LC				
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)			
	MAILING ADDRESS OF OWNER OF 2000 COMMUNICATIONS B					
	(Number, street, rural route, apartment, or suite n BALDWIN GA 30511-1762					
	(City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line					
System	IDENTIFICATION OF CABLE SYSTEM:					
	MAILING ADDRESS OF CABLE SYSTEM	:				
		umber)				
	(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	WINDSTREAM SOUTH CAROLINA LLC	63215
_	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	at 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 fil Note: Entities and properties such as hotels, apartments, condominiums, or r	
Area Served	identified city.	nobile nome parks should be reported in parentneses below the
Serveu		
	CITY OR TOWN	STATE
First	WEST COLUMBIA	SC
Community	LEXINGTON PL	
Rows as Necessary		
Nows as Necessary		

	<u></u>							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID
Humo	WINDSTREAM SOUTH	CAROLINA	LLC						6321
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	space E should	cover a	all categories o	secondar	•			
<u> </u>	system, that is, the retransmission								
Secondary Transmission	about other services (including particular to a service of the accounting period	· · ·					nose exis	ting on the	
Service: Sub-	Number of Subscribers: Bot						ble system	n, broken	
scribers and	down by categories of secondar	, y transmission	service	. In general, yo	u can com	pute the numbe	er of subsc	ribers in	
Rates	each category by counting the n			U J (s charged	
	separately for the particular server Rate: Give the standard rate of							ac and the	
	unit in which it is generally billed								
	category, but do not include disc				ing standa		o within a		
	Block 1: In the left-hand block	t in space E, th	e form l	lists the catego	ries of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	0			· · ·	service that are	different	from those	
	printed in block 1 (for example, t					,		, 0	
	with the number of subscribers a	and rates, in th	e right-ł	hand block. A t	vo- or thre	e-word descript	ion of the	service is	
	sufficient.	OCK 1		[BLOCK	(2	
		NO. OF		DATE	0.17			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
			62	54.00					
	Service to first set		02	54.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
F	In General: Space F calls for ra	•	,		•				
Г	not covered in space E, that is, t					,	,		
Sorvices	service for a single fee. There and furnished at cost or (2) services	•			•		0 (,	
Services Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaany	billou. If uny h		larged on a van		rogram baolo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a brief (two- or three-word) description		,		shed. List	these other ser	vices in the	e form of a	
							T		
		BLO				D	0.175.0	BLOCK 2	
		1					CATEGO	ORY OF SERVICE	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE			RATE
	Continuing Services:	RATE	Installa	ation: Non-res		RATE	PPV		
	Continuing Services: • Pay cable	1	Installa • Mo	ation: Non-res tel, hotel		RATE	PPV		
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installa • Mo • Co	ation: Non-res tel, hotel mmercial		RATE	PPV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installa • Mo • Col • Pay	ation: Non-res tel, hotel mmercial y cable	idential		PPV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installa • Mo • Col • Pay • Pay	ation: Non-res tel, hotel mmercial y cable y cable-add'l cł	idential	RATE	PPV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installa • Mo • Col • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection	idential	RATE	PPV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	Installa • Mo • Col • Pay • Pay • Fire • Bui	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential	RATE	PPV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installa • Mo • Col • Pay • Pay • Fire • Bui Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential		PPV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	Installa • Mo • Col • Pay • Fare • Bui • Bui Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	idential		PPV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installa • Mo • Col • Pay • Fire • Bui • Bui • Ree • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect connect	idential		PPV		P
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	Installa • Mo • Cou • Pay • Fire • Bui • Bui Other • Dis • Ou	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	idential annel		PPV		

ccounting Period: 2	2018/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	WINDSTREAM SOUT	H CAROLINA LLC		6321
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic 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 te Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination p d with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network progr I(e)(2) and (4))]; and (2) certain stat rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or to retwork multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute 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
	wis	10	N	COLUMBIA SC
	WLTX	19	Ν	COLUMBIA SC
dd Rows as Necessary	WOLO	25	Ν	COLUMBIA SC
	WRLK	35	E	COLUMBIA SC
	WZRB	47	Ν	COLUMBIA SC
	WACH	57	N	
	WACH		IN	
				COLUMBIA SC
	WKTC	63	N	COLUMBIA SC

counting Period:	2018/2			FORM SA1-2E. PAGE
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	WINDSTREAM SOUTH	I CAROLINA LLC		6321
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, excep	translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs	ons carried on a
			the Special Statement and Program Lo	pg)—if the
	basis. For further information Column 1: List each station	n concerning substitute basis stations i's call sign. <i>Do not</i> report origination	ed both on a substitute basis and also d , see page (v) of the general instruction program services such as HBO, ESPN	ns. I, etc. Identify each
	"WETA-2" as the same on th Column 2: Give the channe	he form.	e-air designation. For example, report evision station for broadcasting over th	
	Column 3: Indicate in each educational station, by enter	case whether the station is a network ring the letter "N" (for network), "N-M"	station, an independent station, or a n (for network multicast), "I" (for indepen or "E-M" (for noncommercial educatior	ndent), "I-M"
	For the meaning of these ter Column 4 : Give the location	rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis		licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF								SYSTEM 632
	every radio s	tation ca	arried on a separate and discr 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 ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be receint the Consign of the sign of the static ion's sign g a check of sign of the static	I-Band FM Carriage: Under C tem whenever it is received a ved 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 the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0	LOOKHON OF STATION	UNEL OIGH		5,0		

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	WINDSTREAM SOUTH	I CAROLI	NA LLC					63215
	SUBSTITUTE CARRIAG				6			
1		-	-					
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					no gonorar m			
Special	1. SPECIAL STATEMEN	-			-:	4		
Statement and	 During the accounting per 	-	ur cable syster	n carry, on a substitute ba	sis, any noni		evision prog	
Program Log	broadcast by a distant sta	tion?				l	YES	NO
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	s "Yes," you i	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	AMS					
	In General: List each subs	titute progra	am on a separ	ate line. Use abbreviations	s wherever p	ossible, if t	heir meaning	g is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			2.01 0p 000 p 0 g.0		enampre,	2010 200)	
				er "Yes." Otherwise enter '				
				asting the substitute prog				
	the case of Mexican or Car			the community to which th			the FCC or,	IN
				stem carried the substitute			ls with the r	nonth
	first. Example: for May 7 gi		When your by		program o			
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	remained the	t vour ovet		vire d
	to delete under FCC rules a			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		,					
					1			T
				_		N SUBST		
	S		E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
		100 01 110	ON LEE OTOTA		THE BITT	TROM	10	
							_	
							_	
							<u> </u>	·
							_	
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1								
							-	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM SOUTH CAROLINA LLC	S	YSTEM ID# 63215
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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.	ission service amount, see	2,784.00 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.	263,800	
	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 accounting period is \$52.00	this 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		52.00
	1. Base amount under statutory formula \$ 263,800.00	00)	
	2. Enter amount of gross receipts from space K		
	2. Either amount of gross receipts norm space (
	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		<u> </u>
	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		
Filian Frederick			
Filing Fee and Total Remittance Due	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
	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		DWNER OF CABLE SYSTEM: I SOUTH CAROLINA LLC				SYSTEM ID# 63215
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	ou must give (1) the number of cl s, and (2) the cable system's tota I number of channels on which th television broadcast stations I number of activated channels able system carried television bro	I number of activated c ne cable	hannels during the ad	ccounting period.	7
N Individual to Be Contacted		D BE CONTACTED IF FURTHER about this statement of account.)		EDED (Identify an in	dividual to whom	
for Further Information	Name	PAM HENDRIX			Telephone	706.776.4618
	Address	2000 COMMUNICATIO (Number, street, rural route, apartmer BALDWIN GA 30511 (City, town, state, zip)	NS BLVD nt, or suite number)			
	Email	sandra.blade@wi	ndstream.com		Fax (optional)	
O Certification	I, the undersign (Own (Ager in X (Offic in · I have examine	(This statement of account must ed, hereby certify that (Check one er other than corporation or par at of owner other than corporation line 1 of space B and that the own cer or partner) I am an officer (if a line 1 of space B. d the statement of account and he te, and correct to the best of my kr on 1001(1986)]	, <i>but only one</i> , of the box tnership) I am the owne on or partnership) I am ter is not a corporation o a corporation) or a partne reby declare under pena	tes.) r of the cable system the duly authorized ag r partnership; or er (if a partnership) of t alty of law that all state	as identified in line 1 of space gent of the owner of the cable the legal entity identified as o ements of fact contained here	e B; or system as identified wner of the cable system
			X nter an electronic signatu nter signature using an "/		certify this statement.	-
			ame: TIMOTHY I	LATORY REPO	RTING	
		Date:			FEBRUARY 26, 2019	

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ounting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
IDSTREAM SOUTH CAROLINA LLC	6321
 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. 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? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
	-
Name 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 Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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