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	T 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	03/18/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Paranda Data Filing Datied (artitized, and instructions)
		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.
	х	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
		Newport Utilities
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		NUconnect
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P O Box 519
		(Number, street, rural route, apartment, or suite number) Newport, TN 37822
		(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 s 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	
	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 fing, a determination that would be made by a court of law.

		eveten
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Newport Utilities	
_	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	I list will serve as a form of system identification hereafter kn
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobilities and properties and proper	e home parks should be reported in parentheses below the
Served	identified city.	
		07475
_	CITY OR TOWN	STATE
First	Newport	TN
Community	Bybee	TN
	Cosby	TN
d Rows as Necessary	Dandridge	TN
	Del Rio	TN
	Greeneville	TN
	Hartford	TN
	Mosheim	TN
	Parrottsville	TN
	Sevierville	TN

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	Newport Utilities								
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate c 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	pace E should on of television ay cable) in sp (June 30 or D b blocks in space / transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc : Where an inc	cover a and rad ace F, ecember ce E ca service gs in tha ndicate h categ 20/mth" for adva e form I ribers. (dividual	all categories of dio broadcasts not here. All the er 31, as the ca all for the number a. In general, yo at category (the ed—not the num gory of service.). Summarize a ance payment. lists the categor Give the number I or organization	secondary by your system a facts you se may be er of subsc u can com number of subsc include boo ny standar ries of seco er of subsc n is receivin	stem to subscri state must be). ribers to the ca pute the number persons or org s receiving service d rate variation ondary transmis ribers and rate ng service that	bers. Give those exist ble system er of subsci ganizations rice). of the charg s within a p ssion servic for each lis falls under	information ing on the , broken ribers in charged ye and the particular rate e that cable ted category different	
	subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a nce again und nas rate catego ers of services	addition er "Ser ories for that in	nal sets would b vice to additiona r secondary trai clude one or mo	e included al set(s)." nsmission ore second	in the count un service that are lary transmission	nder "Servio e different frons), list the	ce to the rom those em, together	
	BLC	DCK 1		1			BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		239	\$19.95/mth					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services l e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	her) info that are ns: you ished t usually he cabl stem ful e was r	e mot offered in c do not need to o nonsubscribe billed. If any ra e system for ea rnished or offer made or establi	spect to all combinatio give rate i rs. Rate in ates are ch ach of the a ed during t	n with any secon nformation con formation shou arged on a vari pplicable servi he accounting	ondary tran cerning (1) ld include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO				DATE	04750	BLOCK 2	DAT
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RATI
	• Pay cable	\$14.95/mth		otel, hotel		99.95	New U	nderground	75.0
	Pay cable—add'l channel	\$12.00/mth	۰Co	mmercial		99.95	Change	e Order	10.0
	Fire protection			y cable		14.95	Wall Fi		75.0
	•Burglar protection			y cable-add'l ch	nannel	12.00		e Trip Fee	40.0
	Installation: Residential First set 	50.00		e protection				aintenance er Change Fee	4.0 9.5
	Additional set(s)	35.00		services:			Tier 2		.95/mt
	• FM radio (if separate rate)			connect		25.00	Tier 3		.95/m
	• Converter	5.95	• Dis	sconnect		-	Sports		.95/mt
			• Ou	itlet relocation		50.00	Latino	Tier	.95/m

ame	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
	Newport Utilities			
G mary mitters: vision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.63 is explained in the next paragraph. With respect to any distant stations ca- les, regulations, or authorizations: a in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrier in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent station, an independent station, or a (for network multicast), "I" (for independent paper SA1-2 form. the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WETP	2		Sneedville, TN
	WAGV	44	I	Harlan, KY
Necessary	WATE	6	N	Knoxville, TN
	WVLT	8	N	Knoxville, TN
	WVLT-2	8.2	N-M	Knoxville, TN
	WVLT-2 WBIR		N-M N	
	WVLT-2	8.2	N-M	Knoxville, TN
	WVLT-2 WBIR	8.2 10	N-M N	Knoxville, TN Knoxville, TN
	WVLT-2 WBIR WTNZ	8.2 10 43	N-M N N	Knoxville, TN Knoxville, TN Knoxville, TN
	WVLT-2 WBIR WTNZ WBXX	8.2 10 43 20	N-M N N N	Knoxville, TN Knoxville, TN Knoxville, TN Knoxville, TN
	WVLT-2 WBIR WTNZ WBXX WPXK	8.2 10 43 20 54	N-M N N N N	Knoxville, TN Knoxville, TN Knoxville, TN Knoxville, TN Knoxville, TN
	WVLT-2 WBIR WTNZ WBXX WPXK WKNX	8.2 10 43 20 54 7	N-M N N N N	Knoxville, TN
	WVLT-2 WBIR WTNZ WBXX WPXK WKNX	8.2 10 43 20 54 7	N-M N N N N	Knoxville, TN
	WVLT-2 WBIR WTNZ WBXX WPXK WKNX	8.2 10 43 20 54 7	N-M N N N N	Knoxville, TN
	WVLT-2 WBIR WTNZ WBXX WPXK WKNX	8.2 10 43 20 54 7	N-M N N N N	Knoxville, TN
	WVLT-2 WBIR WTNZ WBXX WPXK WKNX	8.2 10 43 20 54 7	N-M N N N N	Knoxville, TN
	WVLT-2 WBIR WTNZ WBXX WPXK WKNX	8.2 10 43 20 54 7	N-M N N N N	Knoxville, TN
	WVLT-2 WBIR WTNZ WBXX WPXK WKNX	8.2 10 43 20 54 7	N-M N N N N	Knoxville, TN
	WVLT-2 WBIR WTNZ WBXX WPXK WKNX	8.2 10 43 20 54 7	N-M N N N N	Knoxville, TN
	WVLT-2 WBIR WTNZ WBXX WPXK WKNX	8.2 10 43 20 54 7	N-M N N N N	Knoxville, TN
	WVLT-2 WBIR WTNZ WBXX WPXK WKNX	8.2 10 43 20 54 7	N-M N N N N	Knoxville, TN
	WVLT-2 WBIR WTNZ WBXX WPXK WKNX	8.2 10 43 20 54 7	N-M N N N N	Knoxville, TN

EGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM
Newport Uti	lities							
RIMARY TRA								ы
			arried on a separate and discre nerally receivable by your cab					Н
	-	-						. .
			I-Band FM Carriage: Under (tem whenever it is received at					Primary Transmitters
n the basis of	monitoring, to	be recei	ved at the headend, with the	system's FM ante	enna, during ce	rtain st	ated intervals.	Radio
		t the Co	pyright Office regulations on t	his point, see pa	ge (v) of the ge	eneral i	nstructions in the.	
aper SA1-2 for Column 1: lo		sign of e	each station carried.					
Column 2: S	state whether t	the static	on is AM or FM.					
			nal was electronically process	ed by the cable s	system as a sep	parate	and discrete	
			< mark in the "S/D" column. on (the community to which th	e station is licen	sed by the FCC	Cor. in	the case of	
			the community with which the			,		
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						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:						SYSTEM ID#
Name	Newport Utilities							0
	SUBSTITUTE CARRIAGI	E: SPECIAL ST		IT AND PROGRAM LO	G			
	In General: In space I, identi					ion that you	r cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that must be i	ncluded in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		G SUBST	ITUTE CARRIAGE				
Special	• During the accounting per	iod, did your cabl	e system o	carry, on a substitute basi	s, any nonne	twork televis	sion progran	<u>n</u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Program Log			£ 41	hlank Kuaun anawan in f	·//		-	
	Note: If your answer is "No'	, leave the rest c	or this page	e blank. If your answer is	res, you mu	ist complete	e the program	'n
	log in block 2. 2. LOG OF SUBSTITUTE							
	In General: List each subst		a separate	e line. Use abbreviations v	wherever nos	sible if their	r meaning is	
	clear. If you need more spa						i mouning ie	
	Column 1: Give the title	of every nonnetw	ork televis	sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							٦.
	"NBA Basketball: 76ers vs.		U Daskeli	ball. List specific program		ampie, i Lu	WE LUCY OF	
			live, enter	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
				e community to which the			FCC or, in	
	the case of Mexican or Can			em carried the substitute			with the mor	hth
	first. Example: for May 7 giv		your syste			numerais, v		
	Column 6: State the time	es when the subs	stitute prog	ram was carried by your o	cable system.	List the tim	nes accurate	ly
	to the nearest five minutes.	Example: a prog	ram carrie	d by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. sł	hould be	
	stated as "6:00–6:30 p.m."	or "D" if the listed	program	was substituted for progra	mming that y	ourovotom	waa raquira	d
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.		-			•		
							TUTC	I
	s	UBSTITUTE PF	ROGRAM			N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? 3. S	TATION'S		5. MONTH	6. T	IMES	DELETION
		Yes or No CA	LL SIGN	4. STATION'S LOCATION	AND DAY	FROM ·	— то	
							<u> </u>	
						·		
							<u> </u>	
							_	
						:	<u> </u>	
							_	
							<u> </u>	
						:	<u> </u>	
							_	
1		1			1	r		7

Accounting Period:	2018/2	FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	Newport Utilities		0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this am 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.	sion service nount, see	734.50 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 \$26 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.	3,800	
	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 the accounting period is \$52.00	is 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 \$137,100		
	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 \$527,60	00)	
	1. 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		
		1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 26G3DHBI		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	: 2018/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME O Newport Util	F OWNER OF CABLE SYSTEM: lities		SYSTEM ID ; (
M Channels	to its subscrib1. Enter the to system carri2. Enter the to on which the	ers, and (2) the cable system's otal number of channels on wh ed television broadcast station otal number of activated chann e cable system carried televisio	s	11 290
N Individual to Be Contacted	we can contac	ct about this statement of acco		
for Further Information	Name	Sharon R. Kyser	Τ	elephone 423.532.3549
	Address	POBox 519 (Number, street, rural route, apa	armant or suita number)	
		Newport, TN 37822		
		(City, town, state, zip)		
	Email	skyser@newp	portutilities.com Fax (optional)	
•	CERTIFICATIO	DN (This statement of account	must be certified and signed in accordance with Copyright Office reg	gulations)
O Certification	• I, the undersig	gned, hereby certify that (Check	one, but only one, of the boxes.)	
	(Ow	vner other than corporation or	partnership) I am the owner of the cable system as identified in line 1 of	of space B; or
		ent of owner other than corpo	ration or partnership) I am the duly authorized agent of the owner of the	na cable system as identified
			owner is not a corporation or partnership; or	
		ficer or partner) I am an officer in line 1 of space B.	(if a corporation) or a partner (if a partnership) of the legal entity identified	ed as owner of the cable system
	are true, comp		d hereby declare under penalty of law that all statements of fact containe y knowledge, information, and belief, and are made in good faith.	ed herein
			X Glenn Ray	
			Enter an electronic signature on the line above to certify this statemen Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ıt.
		Typed or print	ed name: /s/Glenn Ray	
		Title: (Title c	General Manager f official position held in corporation or partnership)	

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unting Period: 2018/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
vport Utilities	-
 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? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statemen Concerning Gros Receipts Exclusio
Name Mailing Address	
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 Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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 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 \$ -	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 - Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 - * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td>-</td>	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td></td>	
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - x 0.00274 - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - - - x 0.00274 Line 5 -	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - x 0.00274 - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - - - x 0.00274 Line 5 -	

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