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	by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	8/27/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150
			4

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a
		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
		Zito Midwest LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665 (Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915 (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: Zito Media - Golconda
		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC	11832
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	ome parks should be reported in parentheses below the
_	CITY OR TOWN	STATE IL
First Community	Golconda	
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	-2E. PAG
Name	Zito Midwest LLC	ADEL OTOTEM.						010	118
Е	SECONDARY TRANSMISSION In General: The information in s			-	-	, transmission s	ervice of t	ne cable	
_	system, that is, the retransmission								
Secondary	about other services (including p	oay cable) in sp	ace F, no	ot here. All the	facts you	state must be t			
Transmission	last day of the accounting period							hard and	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicated	-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc	· · ·	,		iy stanuai		s wiu iir a p		
	Block 1: In the left-hand block	in space E, the	e form lis	ts the categor					
	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	once again und	er "Servi	ce to additiona	al set(s)."				
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		, ngini na						
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		10	60.40					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				-				
F	In General: Space F calls for rat not covered in space E, that is, t	•	,		•				
•	service for a single fee. There ar								
Services	furnished at cost or (2) services	or facilities furn	ished to	nonsubscribe	rs. Rate in	formation shoul	d include b	ooth the	
Other Than	amount of the charge and the ur		usually b	oilled. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ne cable	system for ea	ch of the a	applicable servic	es listed.		
	Block 2: List any services that							were not	
Rates	listed in block 1 and for which a				shed. List	these other serv	vices in the	form of a	
			e the rat						
	brief (two- or three-word) descrip								
	brief (two- or three-word) descrip	BLO			105	DATE	OATEO	BLOCK 2	
	brief (two- or three-word) descrip		CATEG	ORY OF SER		RATE	CATEG	ORY OF SERVICE	RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLOO RATE	CATEG	ORY OF SER		RATE	CATEG		RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CATEGO Installat • Mote	ORY OF SER		RATE	CATEG		RAT
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOO RATE	CATEGO Installat • Mote • Corr	DRY OF SER t <b>ion: Non-res</b> el, hotel imercial		RATE	CATEG		RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOO RATE	CATEG Installat • Mote • Com • Pay	DRY OF SER t <b>ion: Non-res</b> el, hotel imercial	idential	RATE	CATEG		RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOO RATE	CATEG Installat • Mote • Com • Pay • Pay	DRY OF SER tion: Non-res el, hotel imercial cable	idential	RATE	CATEG		RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLOO RATE	CATEGO Installat • Mote • Com • Pay • Pay • Fire	DRY OF SER tion: Non-res el, hotel imercial cable cable-add'l ch	idential	RATE	CATEG		RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO0 RATE 17.50	CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg	DRY OF SER tion: Non-res el, hotel imercial cable cable-add'l ch protection	idential	RATE	CATEG		RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO0 RATE 17.50	CATEGO Installat • Moto • Com • Pay • Pay • Fire • Burg Other so	DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection	idential	RATE	CATEG		RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO0 RATE 17.50	CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other se • Reco	DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	idential		CATEG		RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	BLO0 RATE 17.50	CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other so • Reco • Disc	DRY OF SER tion: Non-res of, hotel mercial cable cable-add'l ch protection protection ervices: ponnect	idential				RA

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM
Name	Zito Midwest LLC	OABLE OF OF LINE.		118
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> 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 basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-tim he carriage of certain network program 51(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute the Special Statement and Program Lo ed both on a substitute basis and also regard by our cable system on a substitute d both on a substitute basis and also regard by our cable system on a substitute arried by your cable system on a substitute d both on a substitute basis and also regard by our cable system on a substitute d both on a substitute basis and also regard by our cable system on a substitute d both on a substitute basis and also regard by our cable system on a substitute d both on a substitute basis and also regard by our cable system on a substitute regard by our cable system on a substitute regard by our cable system on a substitute station, an independent station, or a re (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSI	23.1	N	Cape Girardeau MO
	KEVS	12.1	N	Cape Girardeau MO
	WDKA	49.1		Paducah KY
	WKPD	29	N	Paducah KY
	WPSD	6.1	N	Paducah KY
	WSIL	3.1	N	Harrisburgh IL
	WTCT	27.1	IN I	
	WICI	2/.1		
dd Rows as Necessary				

ccounting Period:	2019/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Zito Midwest LLC			1183
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations i	entify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	t (1) stations carried only on a part-tir he carriage of certain network prograr	me basis under ms [sections
Primary Transmitters: Television	substitute program basis, a Substitute Basis Stations	<ul> <li>e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.</li> <li>With respect to any distant stations c iles, regulations, or authorizations:</li> </ul>		
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (t		
	Column 1: List each station	n concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form.	program services such as HBO, ESPI	N, etc. Identify each
	of license. For example, W Column 3: Indicate in each	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	station, an independent station, or a i	noncommercial
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio	"E" (for noncommercial educational), "rms, see page (iv) of the general instri- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education actions in the paper SA1-2 form. It the community to which the station is	nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		***************************************		

Accounting P			/STEM·					I SA1-2E. PAGE
Zito Midwes		JADLE 31	STEM.					5151EM II 118
								110
	every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate f Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under of the whenever it is received a 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	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, tated 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	

Accounting Perio	od: 2019/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Midwest LLC							11832
					~			
	SUBSTITUTE CARRIAGI							
I	In General: In space I, identi							
	substitute basis during the a							
Substitute	explanation of the programm				e general insti		Japer SAT-	2 101111.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	<ul> <li>During the accounting per</li> </ul>	od, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisio	n program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	leave the	rest of this pag	e blank. If your answer is '	Yes " vou mi	ist complete th	ne program	
	-	, ieuve trie	rest of this pag		res, you me		ie program	•
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever nos	sible if their m	neanina is	
	clear. If you need more spa						icuning io	
				sion program ("substitute	program") tha	t, during the a	ccounting	
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or	
			lcast live enter	r "Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		CC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute	program. Use	numerals, wit	h the mon	th
	first. Example: for May 7 giv		aubatituta pro	arom was carried by your	achla avatam	List the times		
	to the nearest five minutes.			gram was carried by your				y
	stated as "6:00–6:30 p.m."		i program oann		10 p.m. to 0.2	0.00 p.m. 010		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	s in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	JTF	
	s	UBSTITUT	E PROGRAM	1		AGE OCCUF		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
	1. TITLE OF FROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		
						_		
						_		
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						_		
						_		
						_		
1								

Accounting Period:	2019/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	¥STEM ID# 11832
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servio s amount, see	e 4,037.89
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$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-month	
	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 \$52)	7,600)	
	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		
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
	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		ghts!

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O Zito Midwes	F OWNER OF CABLE SYSTEM: t LLC	SYSTEM ID# 11832
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast station ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	ns <b>7</b> <b>34</b>
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Teri McMullen Telepho	ne 814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersi     (Ow     (Ag     X     (Of     I have examinare true, comp	Image: Normal content of the control of the contr	e B; or e system as identified wner of the cable system
		Title: President (Title of official position held in corporation or partnership)	
		Date: 08/27/2019	

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Inting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Midwest LLC	1183
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.       \$         Name       Name         Name       Name	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address Mailing Address	
	n 
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
	Interest Assessmen
x       1%         Line 2 Multiply line 1 by the interest rate* and enter the sum here       -	Interest Assessmen
x       1%         Line 2 Multiply line 1 by the interest rate* and enter the sum here       -         x       -         x       days	Interest Assessmen
x       1%         Line 2 Multiply line 1 by the interest rate* and enter the sum here       -	Interest Assessmen
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessmen
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessmen
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -	Interest Assessmen
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -	Interest Assessmen
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x       1%         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x	Interest Assessmer
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -	Interest Assessmer
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x       1%         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x	Interest Assessmer
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th 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 Office'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.