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

A	ACC	OUNTING PERIOD COVER	RED 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 owne of the subsidiary, not that of the par	r of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title rent corporation.	
Owner		List any other name or names under	which the owner conducts the business of the cable system.	
			g the accounting period, only the owner on the last day of the accounting period should submit a alty fee payment covering the entire accounting period.	
		Check here if this is the system's firs	t filing. If not, enter the system's ID number assigned by the Licensing Division.	2317
		LEGAL NAME OF OWNER/MA	ILING ADDRESS OF CABLE SYSTEM	
		Zito Midwest LLC		
		BUSINESS NAME(S) OF OWNE	R OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media		
		MAILING ADDRESS OF OWNER	R OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or	suite number)	
		Coudersport, PA 16915 (City, town, state, zip)	5	
С			business or trade names used to identify the business and operation of the system I line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTI Zito Media - Wickliffe	EM:	
		MAILING ADDRESS OF CABLE SY	STEM:	
	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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito Midwest LLC	23
	Instructions: List each separate community served by the cable system. A "community	'' is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	me parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Wickliffe	KY
Community	Barlow	KY
	Bardwell	KY
d Rows as Necessary	Clinton	КҮ
,	La Center	KY
	Arlington	KY
	Bardwell/Carlisle County	KY
	Arlington/Carlisle County	KY
	Milburn/Carlisle County	KY

		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

	LEGAL NAME OF OWNER OF CA								-2E. PAG
Name		ABLE SYSTEM:						313	23 ⁻
	Zito Midwest LLC								20
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	(June 30 or D	ecembe	r 31, as the ca	se may be	).		-	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv							-	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny standar		, within a b		
	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					in the count un	der "Servio	ce to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t	ers of services	that inc	clude one or mo	ore second	lary transmissio	ns), list the	em, together	
	with the number of subscribers a	nd rates, in the	e right-h	and block. A tw	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	( )	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	<ul> <li>Residential:</li> <li>Service to first set</li> </ul>		197	17.20					
	Service to additional set(s)			17.20					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	6				
E	In General: Space F calls for rat	•	,		•				
F	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		usually	billed. 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		he cable	e system for ea	ch of the a	oplicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a state				shed. List	these other serv	rices in the	form of a	
	brief (two- or three-word) descrip			ite for each.					
		BLO			105			BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		BORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Pay cable	17.50		tel, hotel	acintiai				
	• Pay cable—add'l channel			nmercial					
	Fire protection		• Pay	/ cable					
	<ul> <li>Burglar protection</li> </ul>			/ cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	50.00		glar protection					
	Additional set(s)     EM radio (if concrete rate)			services:		20.00			
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>			connect connect		30.00			
	Conventer			tlet relocation		30.00			
						50.00			
			- Out			30.00			<b>.</b>

	LEGAL NAME OF OWNER OF	E CARLE SYSTEM		SYSTEM
Name	Zito Midwest LLC	- CABLE STSTEINI.		23
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(4 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 a basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the channo- 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	entify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 se explained in the next paragraph. s: With respect to any distant stations ca- ules, regulations, or authorizations: re in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrie 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 the form. uel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M" ( , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	of (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repore evision station for broadcasting over t station, an independent station, or a (for network multicast), "1" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	FCC. For Mexican or Cana	adian stations, if any, give the name of t	the community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	KFVS	12.1	Ν	Cape Girardeau MO
	KBSI	23.1	Ν	Paducah KY
	WDKA	49.1	l	Paducah KY
	WKPD	29	E	Carbondale IL
	WPSD	6.1	N	Paducah KY
	WQWQ	12.2	1	Paducah KY
		·	•	I daavan ni
	WSII	3,1	N	Harrisburgh II
	WSIL WTCT	3.1 27.1	N I	Harrisburgh IL Marion IL
	WSIL WTCT	3.1 27.1		Harrisburgh IL Marion IL
Powe of Neroscory				
l Rows as Necessary				
I Rows as Necessary				
1 Rows as Necessary				
j Rows as Necessary				
d Rows as Necessary				
J Rows as Necessary				<u> </u>
J Rows as Necessary				
d Rows as Necessary				
J Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				<u> </u>
d Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				

ccounting Period:	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Zito Midwest LLC			2317
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations i	ntify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	<i>t</i> (1) stations carried only on a part-tin he carriage of certain network program	ne basis under ns [sections
Primary Transmitters: Television	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c		
	• Do not list the station here station was carried only on	Iles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie		
	basis. For further informatic Column 1: List each station 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	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. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network	, see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, repor evision station for broadcasting over th station, an independent station, or a r	ns. N, etc. Identify each t multistream ne air in its community noncommercial
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio	ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t 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	eriod: 2019	/1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF Zito Midwes		CABLE SY	/STEM:					SYSTEM ID
Zito midwes								231
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of 1 For detailed info paper SA1-2 for <b>Column 1:</b> Io <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing	y the sys be recein t the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under ( 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 and was electronically process mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the <u>c</u> system as a se	2) it can œrtain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			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: 2019/1						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Zito Midwest LLC						2317
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM I O	G		
I I	In General: In space I, identi					ion that your cable s	system carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the paper	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television prog	
Program Log	broadcast by a distant star	tion?				YE	s 🔽 NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ust complete the pro	gram
	log in block 2.			·	•		-
	2. LOG OF SUBSTITUTE	<b>PROGRA</b>	MS				
	In General: List each subst				wherever pos	sible, if their meanir	ng is
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	program") tha	it during the accour	ntina
	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	i titles, for exa	ample, "I Love Lucy	″ or
			dcast live, ente	r "Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
	the case of Mexican or Can			e community to which the			, in
				tem carried the substitute			month
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your o			
	stated as "6:00–6:30 p.m."		i program cam		5 p.m. to 0.2	0.50 p.m. should be	÷
	Column 7: Enter the lette			was substituted for progra			
	to delete under FCC rules a was substituted for program						rogram
	effect on October 19, 1976.		our system wa		1 00 1003 0		
					10/11		
	s	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE	7. REASON FOR
	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 — T	0
						_	
						_	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Zito Midwest LLC		2317
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 servic s amount, see	e 5,019.73
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 • 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-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		
	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	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		hts!

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Zito Midwes	OF OWNER OF CABLE SYSTEM: t LLC	SYSTEM ID# 2317
<b>M</b> Channels	<ol> <li>to its subscrib</li> <li>1. Enter the to system carri</li> <li>2. Enter the to on which the</li> </ol>	You must give (1) the number of channels on which the cable system carried television broadcast station bers, and (2) the cable system's total number of activated channels during the accounting period. Dotal number of channels on which the cable ied television broadcast stations	s 
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 Telephor	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)	
•	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations	3)
O Certification	• I, the undersi	gned, hereby certify that (Check one, but only one, of the boxes.)	
	(Ov	vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B; or
	(Ag	ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	system as identified
		in line 1 of space B and that the owner is not a corporation or partnership; or	
	X (O1	fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as on in line 1 of space B.	wner of the cable system
	are true, comp	ned the statement of account and hereby declare under penalty of law that all statements of fact contained herei olete, and correct to the best of my knowledge, information, and belief, and are made in good faith. action 1001(1986)]	n
		X /s/James Rigas	_
		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 name: James Rigas	
		Title: President (Title of official position held in corporation or partnership)	
		Date: 08/27/2019	

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unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Midwest LLC	231
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing Address         Mailing Address     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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
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	
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 <ul> <li>(interest charge)</li> <li>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.</li> </ul> <ul> <li>For further assistance please</li> </ul>	
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       \$ - (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please         contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.       For further assistance please	
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	
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	
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	
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 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       \$	

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