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 COPYRIGE	Return completed workboo 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	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

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 single statement of account and royalty fee payment covering the entire accounting period.	
	x	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 West Holding 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 is 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 - Friday Harbor	
		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 suffciency of the fling, a determination that would be made by a court of law.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito West Holding LLC	23569
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
	CITY OR TOWN	STATE
First	Friday Harbor	WA
Community	San Juan County	WA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID	
Name	Zito West Holding LLC								2356	
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission 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 m separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed.	pace E should on on of television a ay cable) in space (June 30 or De blocks in space transmission s umber of billings ice at the rate in harged for each (Example: "\$2	cover all and radi ace F, n ecember is E call service. s in that ndicateo n catego 0/mth").	categories of se o broadcasts by ot here. All the fa 31, as the case for the number of In general, you of category (the nu- not the number ry of service. Inc Summarize any	econdary your sy acts you may be of subsc can com umber o er of set clude bo	stem to subscrit state must be t). ribers to the cat pute the numbe f persons or org s receiving serv th the amount o	bers. Give hose existi ble system r of subscr anizations ice). f the charg	information ng on the , broken ibers in charged e and the		
	Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is								
	BLOCK 1						BLOCK	K 2 NO. OF	<u> </u>	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	Residential: • Service to first set		96	16.79						
	 Service to additional set(s) FM radio (if separate rate) 									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
F Services Other Than Secondary Transmissions: 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 subscribe hose services th e two exception or facilities furni it in which it is u rate column. e charged by th your cable syst separate charge	er) infor hat are in hat are in his: you d ished to usually l he cable tem furr e was m	mation with resp not offered in cor do not need to gi nonsubscribers. billed. If any rate system for each hished or offered ade or establish	mbinatio ve rate i . Rate in s are ch n of the a during t	n with any secon nformation cond formation shoul arged on a varia applicable servio he accounting p	ndary trans cerning (1) d include b able per-pr ces listed. period that	smission services ooth the ogram basis, were not		
		BLOC	CK 1		BLOCK 2					
	CATEGORY OF SERVICE			ORY OF SERVI		RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services: Pay cable	19.06		tion: Non-resid el, hotel	ential					
	• Pay cable—add'l channel	19.00		nmercial						
	Fire protection			cable					<u> </u>	
	•Burglar protection			cable-add'l char	nnel					
	Installation: Residential		• Fire	protection						
	First set	50.00	• Burg	glar protection						
	 Additional set(s) 			ervices:						
	• FM radio (if separate rate)			onnect		30.00				
	Converter			connect		20.00				
	1		• Outl	et relocation		30.00				
			• Mov	e to new addres	s	30.00				

	LEGAL NAME OF OWNER O			SYSTEM
ame	Zito West Holding LL			23
	PRIMARY TRANSMITTERS:			
G imary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eact educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progr a(e)(2) and (4))]; and (2) certain state arried by your cable system on a such he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educate uctions in the paper SA1-2 form.	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
	CBUT	2.1	I	Vancouver BC
	CHEK	6.1	••••••••••••••••••••••••••••••••••••••	Victoria BC
as Necessary	CKVU	10.1		Vancouver BC
,	KCPQ	13	N	Tacoma WA
	KCTS	9.1	Е	Seattle WA
		<u>9.1</u> 5	E N	Seattle WA Seattle WA
	KCTS			
	KCTS KING	5	N	Seattle WA
	KCTS KING KIRO KOMO	5 7	N N	Seattle WA Seattle WA Seattle WA
	KCTS KING KIRO KOMO KSTW	5 7 4	N N	Seattle WA Seattle WA Seattle WA Tacoma WA
	KCTS KING KIRO KOMO	5 7 4 11 12	N N N I	Seattle WA Seattle WA Seattle WA Tacoma WA Bellingham WA
	KCTS KING KIRO KOMO KSTW KVOS	5 7 4 11	N N N I	Seattle WA Seattle WA Seattle WA Tacoma WA
	KCTS KING KIRO KOMO KSTW KVOS	5 7 4 11 12	N N N I	Seattle WA Seattle WA Seattle WA Tacoma WA Bellingham WA
	KCTS KING KIRO KOMO KSTW KVOS	5 7 4 11 12	N N N I	Seattle WA Seattle WA Seattle WA Tacoma WA Bellingham WA
	KCTS KING KIRO KOMO KSTW KVOS	5 7 4 11 12	N N N I	Seattle WA Seattle WA Seattle WA Tacoma WA Bellingham WA
	KCTS KING KIRO KOMO KSTW KVOS	5 7 4 11 12	N N N I	Seattle WA Seattle WA Seattle WA Tacoma WA Bellingham WA
	KCTS KING KIRO KOMO KSTW KVOS	5 7 4 11 12	N N N I	Seattle WA Seattle WA Seattle WA Tacoma WA Bellingham WA
	KCTS KING KIRO KOMO KSTW KVOS	5 7 4 11 12	N N N I	Seattle WA Seattle WA Seattle WA Tacoma WA Bellingham WA
	KCTS KING KIRO KOMO KSTW KVOS	5 7 4 11 12	N N N I	Seattle WA Seattle WA Seattle WA Tacoma WA Bellingham WA
	KCTS KING KIRO KOMO KSTW KVOS	5 7 4 11 12	N N N I	Seattle WA Seattle WA Seattle WA Tacoma WA Bellingham WA
	KCTS KING KIRO KOMO KSTW KVOS	5 7 4 11 12	N N N I	Seattle WA Seattle WA Seattle WA Tacoma WA Bellingham WA
	KCTS KING KIRO KOMO KSTW KVOS	5 7 4 11 12	N N N I	Seattle WA Seattle WA Seattle WA Tacoma WA Bellingham WA

EGAL NAME OF			STEM:					SYSTEM I 235
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abourn. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received at wed 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	2) it can ærtain st general i eparate	be expected, rated 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	
	L						l	

Accounting Perio	d: 2019/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito West Holding LLC							23569
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi		-		-	ion that your o	cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that must	be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting period 	od, did your	cable system	carry, on a substitute basi	s, any nonne	twork televisio	on program	<u> </u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Trogram Log	Note: If your answer is "No'	leave the r	est of this nag	e blank. If your answer is '	"Vee " vou mi	ist complete t	-	
	-	, leave the h	est of this pag		res, you mu		ne program	11
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRAI	MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible. if their r	neanina is	
	clear. If you need more spa							
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							I.
	"NBA Basketball: 76ers vs.						,	
				"Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the F	CC or in	
	the case of Mexican or Can						00 01, 11	
	Column 5: Give the mon	th and day w		tem carried the substitute			th the mon	th
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your				У
	stated as "6:00–6:30 p.m."		program came		15 p.m. to 0.2	0.50 p.m. 500		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming mat yo	our system was	s permitted to delete unde	r FCC rules a	nu regulation	SIII	
					· ·			
						N SUBSTIT		
	S					AGE OCCU		 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	FROM —	TO	
						_		
						_		
						_		
						_		

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	*STEM ID 23569
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 service s amount, see	of 5 21.67
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		nts!

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF	F OWNER OF CABLE SYSTEM: Iding LLC	SYSTEM ID# 23569
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations 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	11 108
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 8	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 undersig (Ow (Age X (Off I have examin are true, complete	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) gened, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. red the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] X /s/James Rigas	stem as identified
		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. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
West Holding LLC	235
 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 	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
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 Assessme
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 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	
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 <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please	
(interest charge)	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
 (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. 	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
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