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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED AMOUNT							
08/19/2019	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	1							
Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		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						
Ь		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.						
	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						
		Oak Bun Accesistes LTD						
		Oak Run Associates, LTD. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		BUSINESS NAME(S) OF OWNER OF CABLE STOLEM (IF DIFFERENT)						
		(dba) DECCA Cable						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		10983 SW 89th Ave (Number, street, rural route, apartment, or suite number)						
		Ocala FI, 34481						
		(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						
	names	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:						
		MAILING ADDRESS OF CADLE STOTEM.						
	2	(Number, street, rural route, apartment, or suite number)						
	1	(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.

Accounting Period:	2019/1	
Accounting remou.	2013/1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
1141110	Oak Run Associates, LTD.	37714
D	Instructions: List each separate community served by the cable system. A "commu "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 as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	OAK RUN COUNTRY CLUB, OCALA	FL
Community	PINE RUN COUNTRY CLUB, OCALA	FL
	KINGSLAND COUNTRY ESTATES, OCALA	FL
Add Rows as Necessary		

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Oak Run Associates, LTD.

#37714

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate 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 sufficient.

BL	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:	10	14.99/mth			
 Service to first set 			Bulk Basic	3,476	15.60/m
 Service to additional set(s) 			Bulk Basic	839	13.30/m
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
 Residential 					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	68.50	 Motel, hotel 	-	НВО	25.00
 Pay cable—add'l channel 	23.95	Commercial	-	CIN MAX	15.50
Fire protection	-	• Pay cable	-	STARZ ENCORE	17.00
 Burglar protection 	-	 Pay cable-add'l channel 	-		
Installation: Residential		 Fire protection 	-		
• First set	85.00	 Burglar protection 	-		
 Additional set(s) 	-	Other services:			
• FM radio (if separate rate)	-	 Reconnect 	85.00		
Converter	11.00	Disconnect	-		
		 Outlet relocation 	85.00		
		 Move to new address 	85.00		

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37714

Oak Run Associates, LTD.

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WESH	11	N	Bithlo, Fl
WESH-2	11.2	N-M	Bithlo, Fl
WUFT	36	E	Gainesville, FI
WKMG	26	N	Bithlo, FI
WKMG-2	26.2	N-M	Bithlo, FI
WFTV	39	N	Bithlo, FI
WFTV-2	39.2	N-M	Bithlo, FI
WKCF	17	N	Bithlo, Fl
WKCF-2	17.2	N-M	Bithlo, FI
WKCF-3	17.3	N-M	Bithlo, FI
WCJB	16	<u>N</u>	Micanopy, FI
WUCF	24	E	Bithlo, FI
WUCF-2	24.2	E-M	Bithlo, FI
WUCF-3	24.3	E-M	Bithlo, FI
WUCF-4	24.4	E-M	Bithlo, FI
WRDQ	27	<u> </u>	Bithlo, Fl
WRDQ-2	27.2	I-M	Bithlo, FI
WRDQ-4	27.4	I-M	Bithlo, Fl
WOFL	22	N	Bithlo, Fl
WTGL	23.8	1	Bithlo, Fl
WACX	40	N	Bithlo, Fl
WACX-2	40.2	N-M	Bithlo, FI
WRBW	41	N	Bithlo, FI
WRBW-2	41.2	N-M	Bithlo, Fl

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 37714 Oak Run Associates, LTD. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WRBW-3 41.3 N-M Bithlo, FI WRBW-4 41.4 N-M Bithlo, FI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Oak Run Associates, LTD.

37714

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
	L			L	l		l

Accounting Perio	nd: 2019/1						E∪D#	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF Oak Run Associates, I		STEM:				PORI	SYSTEM ID# 37714	
	Oak Null Associates, LTD.								
Substitute Carriage: Special Statement and Substitute Substitut								ns. For a further A1-2 form. ram X NO gram g is ing station tion.	
	Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	adcast stationadian stationadian stationath and day we "5/7." es when the Example: a er "R" if the and regulationaling that	on's location (cons, if any, the when your sy e substitute pra program car listed prograr ions in effect of	estem carried the substitute ogram was carried by you ried by a system from 6:01 m was substituted for prog during the accounting perio	e station is lice station is lice station is ide program. Use reable system in 1:15 p.m. to 6 ramming that od; enter the lider FCC rules	entified). se numera m. List the 6:28:30 p.m t your systeletter "P" if	times accurant should be sem was requirated the listed prolations in	nonth ately iired	
	SI	JBSTITUT	E PROGRAM	1	CARRIAGE OCCURRED 7. RE			7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION	
				1	1			T	

Accounting Period:	2019/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			,	SYSTEM ID#
Name	Oak Run Associates, LTD.				37714
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and tall amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation 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 received.	stem's se of how t	econdary transi o compute this	mission servi	
	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more infor	it less that rmation.	an \$527,60(\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR LI	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	e that yo	u must pay for t	nis six-month	
	Line 1. Royalty fee for accounting period				
	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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS ((but mor	e than \$137,1	00)	
	Base amount under statutory formula		263,800.00	•	
	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	· · · · · · <u> </u>			
	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
	o. Interest charge. Enter the amount from the 4, space Q, page 0				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and	d 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ess than \$527,	600)	
	Enter the amount of gross receipts from space K		392,313.15		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		128,513.15		
	4. Multiply line 3 by .01			1,285.13	
	Novalty due on the first \$263,800 of gross receipts (under statutory formula)	-		1,319.00	
		-		0.00	
	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		\$	2,604.13
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>.</u>	\$	2,604.13	
Due	Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,624.13
			··· [•	, .
	EFT Trace # or TRANSACTION ID #	75820	0036316		
	<u>Important:</u> Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 form and the Exce				

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7		
Name	LEGAL NAME OF OWNI Oak Run Associate	ER OF CABLE SYSTEM: es, LTD.				SYSTEM ID# 37714		
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.							
	Enter the total number of channels on which the cable system carried television broadcast stations							
	on which the cable	nber of activated channels system carried television bervices	broadcast	t stations		200		
N Individual to Be Contacted		CONTACTED IF FURTHI t this statement of accoun		RMATION IS NEEDED (Identify an inc	dividual to whom			
for Further Information	Name Ro	obert King			Telephone :	352-854-3223 ext 202		
	(Nu	983 SW 89th Ave imber, street, rural route, apartn cala, FI 34481 y, town, state, zip)	nent, or suite	e number)				
	Email	deccamgr@dec	cacable.	com	Fax (optional)			
0	CERTIFICATION (This	s statement of account mu	ıst be cert	tified and signed in accordance with C	Copyright Office regulations)			
Certification	• I, the undersigned, h	ereby certify that (Check o	ne, <i>but onl</i>	ly one, of the boxes.)				
	(Owner oth	ner than corporation or pa	artnership	p) I am the owner of the cable system a	as identified in line 1 of space E	3; or		
				artnership) I am the duly authorized ag ot a corporation or partnership; or	ent of the owner of the cable s	system as identified		
		r partner) I am an officer (i 1 of space B.	f a corpora	ation) or a partner (if a partnership) of t	he legal entity identified as owi	ner of the cable system		
		nd correct to the best of my		eclare under penalty of law that all state ge, information, and belief, and are mad				
			X	/s/Carol M. Olson				
				electronic signature on the line above to on the line above to on ature using an "/s/ signature" (e.g., /s/ J				
		Typed or printed	name:	Carol M. Olson				
		Title: (Title of off		President Administration In held in corporation or partnership)				
		Date:			August 19, 2019			

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 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 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.

counting Period: 2019/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ak Run Associates, LTD.	37714
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. 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 transmade by satellite carriers to satellite dish owners? X NO	basic clude sub- 1119." Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 under For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
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	narge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistan contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ce please
** 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 list below the owner, address, first community served, ID number, and accounting period as given in the original statement of accounting period as given in the original statement of accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of the copyright of the c	- I
Owner	
Address	
ID number	
First community served Accounting period	113111111111111111111111111111111111111

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.