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				
08/12/2019	\$ 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							
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		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 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							
		ProVision LLC						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO Box 1728 (Number, street, rural route, apartment, or suite number)						
		Minot, ND 58702-1728						
	-	(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 salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
System	IDENTIFICATION OF CABLE SYSTEM:							
		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.

Accounting Period		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	ProVision LLC	61647
	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	that you list will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Altoona	IA
Community	(Oakland Pointe)	
	Urbandale	IA
Add Rows as Necessary	(Cross Creek)	
	Grimes	IA
	(Oak Crossing)	
	ļ	

Accounting Period: 2019/1 FORM SA1-2E, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61647 **ProVision LLC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary last day of the accounting period (June 30 or December 31, as the case may be). Transmission Service: Sub-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 scribers and each category by counting the number of billings in that category (the number of persons or organizations charged Rates 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. BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE CATEGORY OF SERVICE **SUBSCRIBERS** RATE SUBSCRIBERS RATE Residential: · Service to first set 49 18.95 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential 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 F 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 Services

Other Than Secondary Transmissions: Rates

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 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	49.95	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	27.50		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2019/1 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61647

ProVision LLC

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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WOI Ames, IA 5 **KDSM** 17 DesMoines, IA 8 Ν KCCI DesMoines, IA **KFPX** 39 ı Newton, IA **KDIN** 11 Ε DesMoines, IA WHO 13 N DesMoines, IA **KDMI** 19 DesMoines, IA **KCWI** 23 Ames, IA

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

ProVision LLC 61647

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
CALL GIGIN	AWIOITW	O/D	ECCATION OF STATION	OALL SIGIV	AWIOITW	O/D	ECCATION OF STATION

accounting Perio	nd: 2019/1						FORM	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				1011			
Name	ProVision LLC							61647		
Name Substitute Carriage: Special Statement and Program Log	LEGAL NAME OF OWNER OF ProVision LLC SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN' • During the accounting per broadcast by a distant stat Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broad the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	E: SPECIA ify every no ccounting p ning that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no distant sta gulations, of ies like "mo Bulls." m was broa sign of the adcast stati hadday ve "5/7." es when th	AL STATEME Innetwork televior, under spist be included RNING SUBS ur cable system e rest of this paradd additional connetwork televion and that your authorizatio covies" or "bask ddcast live, entity station broadd on's location (ons, if any, the when your sy e substitute pr	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE of carry, on a substitute based of the carry, on a substitute based of the carry of the tables. The carry of the tables of table	a distant star CC rules, reg he general ins usis, any nonr s "Yes," you r s wherever pr e program") t ted for the pr neral instruct am titles, for e "No." ram. e station is life e program. Us r cable syste	network te must com ossible, if hat, during ogrammin cions for fu example, '	t your cable system carried on a a or authorizations. For a further in the paper SA1-2 form. television program YES NO mplete the program if their meaning is ng the accounting ing of another station further information. y "I Love Lucy" or by the FCC or, in cerals, with the month the times accurately			
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat nming that	ions in effect o		od; enter the l	letter "P" i	f the listed pr			
		. IDOTITI IT			WHEN SUBSTITUTE					
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		CURRED TIMES	7. REASON FOR DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO			
			ļ					 		

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ProVision LLC	SY	STEM ID# 61647			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, se	,649.00 ss receipts)			
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 \$263,800 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.					
	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 thi accounting period is \$52.00	s six-month				
	Line 1. Royalty fee for accounting period	\$	52.00			
1	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 \$137,10	0)	_			
	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			
	o. Interest charge. Enter the amount from line 4, space Q, page 6		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 \$527,6	00)				
	Enter the amount of gross receipts from space K					
	2. Base amount under statutory formula \$ 263,800.00					
	3. Subtract line 2 from line 1					
	4. Multiply line 3 by .01	4 240 00				
		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					
	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	Filing Fee (See the instructions for more information on filing fee calculations)	15.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00			
	EFT Trace # or TRANSACTION ID # 26JBGQCU					
	Important: Your remittance must be in the form of an electronic payment payable to the Register o See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more					

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ProVision LLC	SYSTEM ID# 61647
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	8
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	31
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Donelda Koble Telephone 701 8	338-5776
	Address PO Box 1728 (Number, street, rural route, apartment, or suite number) Minot, ND 58702 (City, town, state, zip)	
	Email Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or	as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of t in line 1 of space B.	the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/ Darla Whitty	
	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: Darla Whitty	
	Title: V Pres (Title of official position held in corporation or partnership)	
	Date: 8-7-19	100100100100100100100100100100100100100

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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 110." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the pager 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 "YES. Enter the total here and list the satellite carrier(s) below. S 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. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here. X days Line 2 Multiply line 1 by the number of days late and enter the sum here. X days Line 3 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. S (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@copyright.gov. "This is the declinal 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 laready submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as give	counting Period: 2019/1	FORM SA1-2E. PAGE 8.
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 systems shall not include subscribers and amounts collected from subscribers reacting secondary transmissions pursuant to section 119. **Special Statement Concerning Gross and amounts collected from subscribers reacting secondary transmissions pursuant to section 119. **Special Statement Concerning Gross and 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 NO NO NO NO NO NO NO NO N	GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
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? Nome Maing 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. Line 1 Enter the amount of late payment or underpayment. 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 x a days 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	oVision LLC	61647
Name Mailing Address Name	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	P Special Statement Concerning Gross Receipts Exclusion
Name 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. Line 1 Enter the amount of late payment or underpayment 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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		
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Pour 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. Line 1 Enter the amount of late payment or underpayment		
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	INTEREST ASSESSMENT	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	·	Q
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	x days	
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	Line 4 Multiply line 3 by 0.00274** and enter here	
* 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@copyright.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 ID number First community served First community served	in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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 ID number First community served	* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
Owner Address ID number First community served	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address ID number First community served		
ID number First community served	Owner	
First community served	Address	
Accounting period	First community served	

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