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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 8-20-19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20191 Barcode Data Filing Period (optional - see instructions)	
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.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	62736
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		NEX-TECH LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		145 N MAIN (Number, street, rural route, apartment, or suite number)	
		LENORA, KS 67645 (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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	NEX-TECH LLC	62736					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in F "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereaft as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below						
Area Served	identified city.	mobile nome parks should be reported in parentileses below the					
	CITY OR TOWN	STATE					
First	AGRA	KS					
Community							
Add Rows as Necessary							

	LEGAL NAME OF OWNER OF CA	ARI E SYSTEM					FORM SA1	TEM II
Name	NEX-TECH LLC						010	627
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 serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block	pace E should on of television hay cable) in sp I (June 30 or D h blocks in space y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed in space E, the	cover all cate and radio bro ace F, not he ecember 31, ce E call for the service. In ge is in that cate ndicated—not h category of 20/mth"). Sum for advance p e form lists the	egories of secon badcasts by you are. All the facts as the case man he number of su eneral, you can gory (the number of service. Include marize any stat bayment. e categories of	ar system to subscrib you state must be th y be). ubscribers to the cab compute the number of persons or orga f sets receiving servi e both the amount of ndard rate variations secondary transmiss	pers. Give in nose existir ole system, of subscri anizations of ce). f the charge s within a particle sion service	nformation ng on the broken bers in charged e and the articular rate e 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.							
	BLC	OCK 1 NO. OF				BLOCK	2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		ATE C	CATEGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		65	30.00 PRE	MIERE		53	46.
	 Service to additional set(s) FM radio (if separate rate) 							
	Motel, hotel Commercial							
	Converter							
	Residential							
	• Non-residential SERVICES OTHER THAN SEC In General: Space F calls for rat				to all your cable syst	em's servio	ces that were	
F Services Other Than Secondary Transmissions: Rates	not covered in space E, that is, the service for a single fee. There are 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 ratt Block 2: List any services that listed in block 1 and for which a service or three-word) descript	e two exceptio or facilities furm it in which it is rate column. e charged by th your cable sys separate charg tion and includ	ns: you do no ished to non: usually billed ne cable syst stem furnishe e was made e the rate for	ot need to give r subscribers. Ra I. If any rates ar em for each of t d or offered dur or established. I	ate information conc te information should e charged on a varia the applicable servic ing the accounting p	erning (1) s d include be able per-pro es listed. eriod that v	services oth the ogram basis, were not	
		BLO				047500	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		OF SERVICE	RATE	CATEGO	DRY OF SERVICE	RAT
	• Pay cable	76.00	• Motel, ho			Sports	& Entertain.	13.
	Pay cable—add'l channel		Commer			Cinema	X	11.
	Fire protection		• Pay cabl			HBO		17.
			,	e-add'l channel		Showtin Starz! E	ne & TMC	14.
	•Burglar protection					Juli Zi E		1.1
	Installation: Residential	00 00	 Fire prot Burglar r 					12.
	Installation: Residential • First set	99.00 110.00	• Fire prot • Burglar p Other servio	protection				12.
	Installation: Residential		• Burglar p	protection	30.00			12.
	Installation: Residential First set Additional set(s) 		• Burglar p Other servio	protection ces: ect	30.00			12.

ting Period: 2	2019/1			FORM	I SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:			SYSTEM ID				
	NEX-TECH LLC				62736				
	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)								
G rimary ssmitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat	em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations cal rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, s	 (1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st rried by your cable system on a sue Special Statement and Program both on a substitute basis and also see page (v) of the general instruct 	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions.					
		on's call sign. <i>Do not</i> report origination pred with a station according to its over-the-							
	"WETA-2" as the same on Column 2: Give the change		vision station for broadcasting ove	r the air in its community					
	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	4. LOCATION OF STA	TION OF STATION						
	KSNC	2	N	GREAT BEND, KS					
	KBSH	7	N	HAYS, KS					
Necessary	KSNK	8	Ν	McCOOK, NE					
	KOOD	9	Е	HAYS, KS					
	KAKE	10	Ν	WICHITA, KS					
	KHGI	13	Ν	KEARNEY, NE					
	кмтw	17	I	WICHITA, KS					
	KSCW	23	I	WICHITA, KS					
	KSAS	24	Ν	WICHITA, KS					
	KWCH-DT2	110	N-M						
				WICHITA, KS					
	KAKE-DT2	180	N-M	WICHITA, KS WICHITA, KS					
	KAKE-DT2 KMTW-DT2	180 181							
			N-M	WICHITA, KS					
	KMTW-DT2	181	N-M I-M	WICHITA, KS WICHITA, KS					
	KMTW-DT2 KSCW-DT3	181 182	N-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS					
	KMTW-DT2 KSCW-DT3 KOOD-DT4	181 182 183	N-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS					
	KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2	181 182 183 184	N-M I-M E-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS					
	KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3	181 182 183 184 185	N-M I-M I-M E-M I-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS					
	KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3 KMTW-DT3	181 182 183 183 184 185 186	N-M I-M I-M E-M I-M N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS					
	KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2	181 182 183 183 184 185 186 187	N-M I-M I-M E-M I-M N-M I-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					
	KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT3	181 182 183 183 184 185 186 187 189	N-M I-M I-M E-M I-M N-M I-M N-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					
	KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT3	181 182 183 183 184 185 186 187 189	N-M I-M I-M E-M I-M N-M I-M N-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					

Accounting F	Period: 2019	/1					FORM	1 SA1-2E. PAGE 4.
		CABLE SY	/STEM:					SYSTEM ID#
NEX-TECH	LLC							62736
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. 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 								Primary Transmitters: Radio
		-	the community with which the		1	0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KQMA KKDT	FM FM		PHILLIPSBURG, KS BURDETT, KS					
	L							

Accounting Perio	od: 2019/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	NEX-TECH LLC							62736
	SUBSTITUTE CARRIAG				2			
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0	•		
Special	During the accounting per				s. anv nonne	twork televisio	n program	
Statement and	broadcast by a distant sta	-			o, any normo			X NO
Program Log	-						YES	
	Note: If your answer is "No"	', leave the	rest of this pag	e blank. If your answer is "	'Yes," you mι	ist complete th	ne program	ו
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their m	leaning is	
				ision program ("substitute p	program") tha	t, during the a	ccounting	
	period, was broadcast by a							on
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or	
			lcast live ente	r "Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		CC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute p	program. Use	numerals, wit	h the mon	th
	first. Example: for May 7 giv		aubatituta pro	gram was carried by your o	able aveter	List the times	acouratob	
	to the nearest five minutes.							y
	stated as "6:00–6:30 p.m."		i program oum		10 p.m. to 0.2	0.00 p.m. 0.00		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulations	in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCUR		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						<u> </u>		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2019/1	FORM SA	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID 6273
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I 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.	smission servic s amount, see	e 1, 531.99
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 \$ 263,800.00	_	
	2. Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52)	7,600)	
	1. Enter the amount of gross receipts from space K	<u>-</u>	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
		\$	67.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	Φ	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 OF	F OWNER OF CABLE SYSTEM: LC	SYSTEM ID# 62736
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	20 345
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)	
for Further Information	Name	Scott Roe Telephone 785-6	25-7070
	Address	2418 Vine Street (Number, street, rural route, apartment, or suite number) Hays, KS 67601 (City, town, state, zip)	
	Email	sroe@nex-tech.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) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) mer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as 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 of the in line 1 of space B. Hed 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/ Rhonda S. Goddard	
		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: Rhonda S. Goddard Title: Chief Financial Officer (Title of official position held in corporation or partnership) Date: 08/26/2019	

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scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	SYSTEM 627 P Special Statement Concerning Gross Receipts Exclusion
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name	P Special Statement Concerning Gross
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name	Special Statement Concerning Gross
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	nterest 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	
* 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	
ID number First community served	

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