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

OTATEM			FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
		OF ACCOUNT ansmissions by	DATE RECEIVED		-
Cable Syste			DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$	For additional information,
General instru	uctions	are located	0/05/0000	•	contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this	workbook	2/25/2020	ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED I	BY THIS STATEMENT: (Y)	(YY/(Period))	
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	- see instructions)	
Accounting			J		
Period					
		Instructions:			
В		Give the full legal name of the owner of the of the subsidiary, not that of the parent co		diary of another corporation, give the full co	rporate title
Owner					
Owner		List any other name or names under which	The owner conducts the business of th	në cable system.	
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should sting period.	submit a
					28025
		Check here if this is the system's first filing	g. If not, enter the system's iD number a	assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING			
			SADDRESS OF CABLE STSTEM		
		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 n			
		Coudersport, PA 16915			
		(City, town, state, zip)			
С				ntify the business and operation of the e system, if different from the address	
System		IDENTIFICATION OF CABLE SYSTEM:			
_	1	Zito Media - Ewing			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
	-	(nomber, sucer, ruranoute, apartment, of suite n			
		(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#
	Zito West Holding LLC	28025
_	Instructions: List each separate community served by the cable system. A "o "a separate and distinct community or municipal entity (including unincorpo	
D	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 f	
	Note: Entities and properties such as hotels, apartments, condominiums, or	
Area	identified city.	···· · · · · · · · · · · · · · · · · ·
Served		
	CITY OR TOWN	STATE
rst nunity	Ewing	VA
	Lee County	AV
	Rose Hill	VA
in	y	

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					545	TEM II 2802
	Zito West Holding LLC								2002
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND RA	TES				
E	In General: The information in s	-		-		•			
0	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the second particular						those exist	ling on the	
Service: Sub-	Number of Subscribers: Bot						ble system	ı, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n					•		charged	
	separately for the particular serv Rate: Give the standard rate of							be and the	
	unit in which it is generally billed	-	-	•			-	-	
	category, but do not include disc								
	Block 1: In the left-hand block			-		-			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			0		0			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		onginti						
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		31	21.95					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	• Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC				2				
_	In General: Space F calls for ra					Il your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are	e not offered in c	ombinatio	on with any sec	ondary trar	nsmission	
0 - maile	service for a single fee. There an	•			•			·	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaany	billou: If urly fu				rogram baolo,	
Fransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a brief (two- or three-word) description				sneu. List	these other ser		e ionn or a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RAT
	Continuing Services:			ation: Non-resi			UATEO		
	• Pay cable	17.95		tel, hotel					
	Pay cable—add'l channel			mmercial					
	Fire protection		_	y cable					
	•Burglar protection		-	, y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	30.00	• Bur	rglar protection					I
	 Additional set(s) 		Other	services:					
	• FM radio (if separate rate)		• Re	connect		30.00			
	• Converter		• Dis	connect					
			• Ou	tlet relocation		30.00			
			• Mo	ve to new addre	ess	30.00			

	2019/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	Zito West Holding LLC	C		2802
	PRIMARY TRANSMITTERS:			
G Primary	carried by your cable system FCC rules and regulations in	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-t he carriage of certain network progra	ime basis under ams [sections
insmitters: elevision	substitute program basis, as Substitute Basis Stations:	s explained in the next paragraph. With respect to any distant stations c iles, regulations, or authorizations:		
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (t a substitute basis.		
	basis. For further informatio Column 1: List each station	also in space I, if the station was carrie on concerning substitute basis stations o's call sign. <i>Do not</i> report origination with a station second in the substitute to the	, see page (v) of the general instructi program services such as HBO, ESF	ons. PN, etc. Identify each
	"WETA-2" as the same on the Column 2 : Give the channed	el number the FCC assigned to the tele		
	Column 3: Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	endent), "I-M"
	For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station	is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATE	6.1	Ν	Knoxville TN
	WDYY	22.4	•	
	WBXX	20.1		Crossville TN
ws as Necessary	WCYB	5.1	N	Crossville TN Bristol VA
ws as Necessary				
ws as Necessary	WCYB	5.1	N	Bristol VA
vs as Necessary	WCYB WEMT	5.1 39.1	N N	Bristol VA Greenville TN
s as Necessary	WCYB WEMT WETP	5.1 39.1 41	N N E	Bristol VA Greenville TN Knoxville TN Johnson City TN
s as Necessary	WCYB WEMT WETP WJHL WJHL	5.1 39.1 41 11.1 11.2	N N E	Bristol VA Greenville TN Knoxville TN
rs as Necessary	WCYB WEMT WETP WJHL WJHL WLFG	5.1 39.1 41 11.1 11.2 68.1	N N E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA
s as Necessary	WCYB WEMT WETP WJHL WJHL WLFG WSBN	5.1 39.1 41 11.1 11.2 68.1 15.1	N N E N I I I E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA
ws as Necessary	WCYB WEMT WETP WJHL WJHL WLFG WSBN WVLT	5.1 39.1 41 11.1 11.2 68.1 15.1 8.1	N N E N I I	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
ows as Necessary	WCYB WEMT WETP WJHL WJHL WLFG WSBN	5.1 39.1 41 11.1 11.2 68.1 15.1	N N E N I I I E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA
ws as Necessary	WCYB WEMT WETP WJHL WJHL WLFG WSBN WVLT	5.1 39.1 41 11.1 11.2 68.1 15.1 8.1	N N E N I I I E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
ws as Necessary	WCYB WEMT WETP WJHL WJHL WLFG WSBN WVLT	5.1 39.1 41 11.1 11.2 68.1 15.1 8.1	N N E N I I I E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
ows as Necessary	WCYB WEMT WETP WJHL WJHL WLFG WSBN WVLT	5.1 39.1 41 11.1 11.2 68.1 15.1 8.1	N N E N I I I E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
ows as Necessary	WCYB WEMT WETP WJHL WJHL WLFG WSBN WVLT	5.1 39.1 41 11.1 11.2 68.1 15.1 8.1	N N E N I I I E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
ows as Necessary	WCYB WEMT WETP WJHL WJHL WLFG WSBN WVLT	5.1 39.1 41 11.1 11.2 68.1 15.1 8.1	N N E N I I I E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
ows as Necessary	WCYB WEMT WETP WJHL WJHL WLFG WSBN WVLT	5.1 39.1 41 11.1 11.2 68.1 15.1 8.1	N N E N I I I E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
ows as Necessary	WCYB WEMT WETP WJHL WJHL WLFG WSBN WVLT	5.1 39.1 41 11.1 11.2 68.1 15.1 8.1	N N E N I I I E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
ows as Necessary	WCYB WEMT WETP WJHL WJHL WLFG WSBN WVLT	5.1 39.1 41 11.1 11.2 68.1 15.1 8.1	N N E N I I I E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
ows as Necessary	WCYB WEMT WETP WJHL WJHL WLFG WSBN WVLT	5.1 39.1 41 11.1 11.2 68.1 15.1 8.1	N N E N I I I E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
ows as Necessary	WCYB WEMT WETP WJHL WJHL WLFG WSBN WVLT	5.1 39.1 41 11.1 11.2 68.1 15.1 8.1	N N E N I I I E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
ows as Necessary	WCYB WEMT WETP WJHL WJHL WLFG WSBN WVLT	5.1 39.1 41 11.1 11.2 68.1 15.1 8.1	N N E N I I I E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN

Zito West Ho	OWNER OF C		ISTEM.					SYSTEM
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (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 his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC) it can ertain st eneral ii eparate :	be expected, ated 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	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Zito West Holding LLC							28025
	SUBSTITUTE CARRIAG				20			
1					-			
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm	01	· · ·	•	, 0	, ,		
Carriage:	1. SPECIAL STATEMEN				0		• •	
Special	 During the accounting per 	-			asis. anv noni	network tel	evision prod	ram
Statement and Program Log	broadcast by a distant sta		,	<i>,</i>	, ,	Γ	YES	× NO
Program Log	-						-	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI			ata lina. I laa ahbraviatian		aasibla ift	hair maanin	- i-
	In General: List each subs clear. If you need more spa				s wherever p	ossidie, ii t	neir meanin	y is
				vision program ("substitute	e program") t	hat, during	the account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming	of another	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
			dcast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	is, with the r	nonth
			e substitute pr	ogram was carried by you	r cable svste	m. List the	times accur	atelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regul		
	,							1
						N SUBST		
	S	1	E PROGRAM			AGE OCC		7. 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		TIMES — TO	-
							_	
					·			
								·
								,
							_	
							_	
		+						
							_	
							_	
							_	
							_	
							_	
1								

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 28025
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, see	6 ,495.76 ess receipts)
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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 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	this six-mon	
	accounting period is \$52.00 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 \$137,1	00)	
	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)	,600)	
	1. 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		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Zito West Hold	DWNER OF CABLE SYSTEM: Jing LLC	SYSTEM ID# 28025
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations . I number of activated channels able system carried television broadcast stations cast services .	11 49
N Individual to Be Contacted		DEE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone	814-260-0434
O Certification		PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) terri.mcmullen@zitomedia.com Fax (optional) (This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Agen in X (Offic in • I have examined	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space at of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable line 1 of space B and that the owner is not a corporation or partnership; or ther or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein the, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	system as identified vner of the cable system
		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: 02/26/2020	
		(Title of official position held in corporation or partnership)	

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bunting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
o West Holding LLC	2802
 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. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x 1%	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - x	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** ** 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	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** ** 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	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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