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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	02/14/20	ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20192 Barcode Data Filing Period (optional - see instructions)	
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.	31078
		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	
	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:	
	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#
Nume	NEX-TECH LLC	31078
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mo	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area Served	identified city.	bile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	NORCATUR	KS
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1	TEM IC
Name	NEX-TECH LLC	BLE OF OF LIM.					010	310
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 n	pace E should on of television pay cable) in sp I (June 30 or D n blocks in span y transmission umber of billing	cover all cates and radio broa ace F, not her ecember 31, a ce E call for th service. In ger is in that cates	pories of seco adcasts by yo e. All the fact s the case m e number of s neral, you can pory (the num	ndary transmission : our system to subscri s you state must be ay be). subscribers to the ca a compute the numbe ber of persons or org	bers. Give in those existir ble system, er of subscri ganizations of	nformation ng on the broken bers in	
	separately for the particular serv Rate: Give the standard rate of 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. Note categories, that person or entity 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.	harged for eac . (Example: "\$2 ounts allowed in space E, the to their subsc : Where an ine should be cour ble service to a once again und has rate catego iers of services	h category of s 20/mth"). Summ for advance pa e form lists the ribers. Give th dividual or orga- nted as a subs additional sets er "Service to ories for secon that include o	service. Includ marize any sta ayment. categories o e number of s anization is re criber in each would be incl additional set dary transmis ne or more so	de both the amount of andard rate variation f secondary transmis subscribers and rate ecciving service that a applicable category luded in the count un (s)." ssion service that are econdary transmission	of the charge s within a pa- ssion service for each list falls under of Example: a nder "Service e different fro ons), list the	articular rate e that cable red category different a residential e to the om those m, together	
		OCK 1				BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		TE	CATEGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:				0		000001	
	 Service to first set 		30	30.00 PR	EMIERE		20	46.
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel Commercial							
	Converter							
	Residential							
	Non-residential							
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg ottion and includ	er) information that are not off ns: you do not ished to nonse usually billed. he cable syste stem furnished e was made o le the rate for	n with respect ered in comb need to give ubscribers. R If any rates a m for each of or offered du r established.	ination with any sec rate information con ate information shou re charged on a var the applicable servi rring the accounting	ondary trans cerning (1) s Id include be able per-pro ces listed. period that v	emission services oth the ogram basis, were not form of a	
	CATEGORY OF SERVICE	BLO					BLOCK 2	DAT
		RATE	CATEGORY			CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Motel, hot			Sports	& Entertain.	13.
	Continuing Services: Pay cable	76.00				Cinema	×	
	-	76.00	Commerce	ial			X	11.
	• Pay cable	76.00	Commerc Pay cable			HBO		17.
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 	76.00	• Commerc • Pay cable • Pay cable	-add'l channe	51	Showtin	me & TMC	11. 17. 14.
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Commerc • Pay cable • Pay cable • Fire prote	-add'l channe ction			me & TMC	17. 14.
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	99.00	• Commerc • Pay cable • Pay cable • Fire prote • Burglar pr	-add'l channe ction otection		Showtin	me & TMC	17. 14.
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		Commerce Pay cable Pay cable Pay cable Fire prote Burglar pr Other service	-add'l channe ction otection es:		Showtin	me & TMC	17.
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	99.00	Commerce Pay cable Pay cable Pay cable Fire prote Burglar pr Other service Reconnece	-add'l channe ction otection e s: t	əl 	Showtin	me & TMC	17. 14.
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	99.00	Commerce Pay cable Pay cable Pay cable Fire prote Burglar pr Other service	-add'l channe ction otection es: ct		Showtin	me & TMC	17. 14.

unting Period: 2	2019/2			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
	NEX-TECH LLC			31
G Primary ansmitters: Felevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eaci educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	lentify every television station (including term during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.63 es explained in the next paragraph. s: With respect to any distant stations carules, regulations, or authorizations: re in space G —but do list it in space I (then a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination per dwith a station according to its over-the	(1) stations carried only on a part the carriage of certain network progent (e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program d both on a substitute basis and al- see page (v) of the general instruct orogram services such as HBO, ES -air designation. For example, reprised vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde- pr "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections rations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNC	2	N	GREAT BEND, KS
	KLBY	4	Ν	WICHITA, KS
as Necessary	KBSH	7	N	HAYS, KS
	KSNK	8	N	McCOOK, NE
	KOOD	9	E	HAYS, KS
	KAKE	10	N	WICHITA, KS
	кмтw	17	l	WICHITA, KS
	KSCW	23	I	WICHITA, KS
	KSAS	24	N	WICHITA, KS
	KWCH-DT2	110	N-M	WICHITA, KS
	KAKE-DT2	180	N-M	WICHITA, KS
	KMTW-DT2	181	I-M	WICHITA, KS
	KSCW-DT3	182	I-M	WICHITA, KS
		102		WICHTA, NO
	KOOD-DT3	183	E-M	HAYS, KS
	KOOD-DT3	183	E-M	HAYS, KS
	KOOD-DT3 KSCW-DT2	183 184	E-M I-M	HAYS, KS WICHITA, KS
	KOOD-DT3 KSCW-DT2 KSAS-DT3	183 184 185	E-M I-M N-M	HAYS, KS WICHITA, KS WICHITA, KS
	KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3	183 184 185 186	E-M I-M N-M I-M	HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2	183 184 185 186 187	E-M I-M N-M I-M N-M	HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	183 184 185 186 187 189	E-M I-M N-M I-M N-M E-M	HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	183 184 185 186 187 189	E-M I-M N-M I-M N-M E-M	HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS

-	Period: 2019						FUNI	I SA1-2E. PAGE
		CABLE S	YSTEM:					SYSTEM II
NEX-TECH	LLC						1	310
	ANSMITTERS:							
			, arried on a separate and discr	ete basis and list	those FM sta	tions ca	rried on an	н
			nerally receivable by your cat					
Special Instru	ctions Conce	rning A	II-Band FM Carriage: Under	Copyright Office	regulations, ar	n FM sig	nal is generally	Primary
			stem whenever it is received a					Transmitters Radio
			ived at the headend, with the opyright Office regulations on					Radio
aper SA1-2 fo				une penn, eee pe	.ge (1) et itte g	jeneran		
			each station carried. on is AM or FM.					
			nal was electronically process	sed by the cable s	system as a se	eparate	and discrete	
signal, indicate	this by placing	g a chec	k mark in the "S/D" column.					
			ion (the community to which th			C or, in	the case of	
lexican or Cai	nadian stations	s, if any,	the community with which the	e station is identif	ied).			
					-			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KQY	FM		HILL CITY, KS					
KDT	FM		BURDETT, KS					
	+							
	+							
	+							
	+							
	+							
	+							
	+							
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Accounting Perio	d: 2019/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	NEX-TECH LLC							31078
					0			
	SUBSTITUTE CARRIAGI							
	In General: In space I, identi							
	substitute basis during the a explanation of the programm							
Substitute					e general insu		Japer SAT-	2 101111.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	-	r cable system	carry, on a substitute bas	s, any nonne	twork televisio	n program	
Program Log	broadcast by a distant star	tion?					YES	X NO
	Note: If your answer is "No'	. leave the	rest of this pad	e blank. If vour answer is	"Yes." vou mι	ust complete t	ne progran	า
	log in block 2.	,	1.5	, ,	, ,		1 5	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their r	neaning is	
	clear. If you need more spa				·	·	0	
				ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			Elot opeonio program			Lucy of	
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "N				
				sting the substitute progra				
	Column 4: Give the broat the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			th the mon	th
	first. Example: for May 7 giv		when your sys		program. Osc	numerais, wi		
			substitute pro	gram was carried by your	cable system.	List the times	accuratel	y
	to the nearest five minutes.							-
	stated as "6:00-6:30 p.m."		Pate days and a					
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.							
					11			
	_					N SUBSTITU		
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCU		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	6. TIN FROM —	IES TO	DELETION
		163 01 10	CALL OIGH	4. STATION S LOCATION	AND DAT		10	
						_		
						_		
						_		
						_		

	2019/2	FORM 5	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 31078
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	5,367.59
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	. \$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula	_	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing For and			
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		ghts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O NEX-TECH L	F OWNER OF CABLE SYSTEM: LC	SYSTEM ID# 31078
M Channels	 to its subscrib 1. Enter the to system carri 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. Detal number of channels on which the cable ed television broadcast stations	20 341
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name		35-625-7070
	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 undersigned of the u	Image: Normal content 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.) Image: Normal content 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 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 or in line 1 of space B. ned 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)] Image: Notice Content is in the 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	m as identified
		Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
		Date: 02/26/2020	

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	FORM SA1-2E. PA
	SYSTEM
C-TECH LLC	31
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Stateme Concerning Gro Receipts Exclusi
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 Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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