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

Cable Systems (Short Form) For additional information, contact the U.S. Copyright	STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
General instructions are located 2/27/2020		DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
		2/27/2020	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at:

A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/2 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
		Lincolnville Communications, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 179 (Number, street, rural route, apartment, or suite number)
		Nobleboro, ME 04555-0179 (City, town, state, zip)
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Humo	Lincolnville Communications, Inc.	353
	Instructions: List each separate community served by the cable system. A "commu	inity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated	communities within unincorporated areas and including single
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	list will serve as a form of system identification hereafter kno
	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	a home parks should be reported in parentheses below the
Area	identified city.	e nome parks should be reported in parentileses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Lincolnville	ME
Community	Alna	ME
	Appleton	ME
dd Rows as Necessary	Bremen	ME
au nows as necessary	Bristol	
	Damariscotta	ME
	Boothbay Harbor	ME
	East Boothbay	ME
	Edgecomb	ME
	Норе	ME
	Jefferon	ME
	Newcastle	ME
	Nobleboro	ME
	Searsmont	ME
	South Bristol	ME
	Union	ME
	Walpole	ME
	Waldoboro	ME
	Rockland	ME
	Belfast	ME
	Camden	ME
	Northport	ME
	Bath	ME

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM ID
Name	Lincolnville Communica							0.0	3534
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmissic 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 nu separately for the particular servi Rate: Give the standard rate of	SERVICE: SL pace E should on of television vay cable) in sp I (June 30 or D n blocks in spa- y transmission umber of billing ice at the rate	cover all c and radio ace F, no ecember 3 ce E call fo service. Ir gs in that c indicated-	ategories of broadcasts here. All the 31, as the ca or the numbe general, yo ategory (the –not the num	secondary by your syster facts you se may be er of subsc u can com number of nber of sets	stem to subscrib state must be th). ribers to the cab pute the numbe f persons or orga s receiving servi	ers. Give in nose existir le system, r of subscri anizations o ce).	nformation ng on the broken bers in charged	
	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 I printed in block 1 (for example, ti with the number of subscribers a sufficient.	. (Example: "\$2 counts allowed in space E, the to their subsc be: Where an ine should be coun able service to bonce again und has rate catego iers of services	20/mth [*]). S for advance e form lists ribers. Giv dividual or nted as a s additional er "Service pries for se s that inclu	Summarize a se payment. s the categol e the numbe organization subscriber in sets would b e to addition econdary tra de one or m	ny standar ries of secc er of subsc n is receivin each appl e included al set(s)." nsmission ore second	d rate variations ondary transmiss ribers and rate f ng service that fi icable category. in the count und service that are dary transmissio	within a particle sion service or each list alls under o Example: a der "Service different fro ns), list the on of the se	articular rate e that cable ed category lifferent a residential e to the om those m, together ervice is	
	BLC		· I				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		79	40.95	Tier 1			385	90.9
	 Service to additional set(s) 				Tier 2			50	109.9
	• FM radio (if separate rate)		115	16.00					
	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, th service for a single fee. There ar furnished at cost or (2) services a amount of the charge and the un 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 s brief (two- or three-word) descrip	e (not subscrit hose services i re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg	ber) inform that are no ns: you do hished to r usually bi he cable s stem furnis je was ma	ation with re of offered in onot need to onsubscribe led. If any ra ystem for ea shed or offer de or establi	spect to all combinatio give rate i ers. Rate in ates are ch ach of the a ed during t	n with any secon nformation conc formation should arged on a varia applicable servic he accounting p	ndary trans erning (1) s d include be ble per-pro es listed. eriod that v	mission services oth the ogram basis, vere not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		RY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:			on: Non-res	idential		Addition		E (
	 Pay cable Pay cable—add'l channel 		Motel Comr					nal Outlet utlet - DVR	5.(9.(
	i ay cable—auu i channel		• Pay c				DVR Se		9.0 7.0
	Fire protection		-	able-add'l cl	nannel		HBO		20.0
	Fire protection Burglar protection								
	•Burglar protection						Cinema	х	
		55.00	• Fire p	rotection			Cinema SHO/TM		10.0
	•Burglar protection Installation: Residential • First set	55.00 30.00	• Fire p	rotection ar protection			SHO/TN	1Z	10.0 13.{
	•Burglar protection Installation: Residential		• Fire p • Burgl	rotection ar protection rvices:			SHO/TM PlayBoy	1Z /	20.0 10.0 13.8 7.0 7.0
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire p • Burgl Other se	rotection ar protection rvices: nnect			SHO/TN	IZ / Kings	10.(13.(7.(

	2019/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O			SYSTEM ID
	Lincolnville Commur	•		3534
G rimary ssmitters: levision	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, W Column 3: Indicate in each educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location	lentify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.67 as explained in the next paragraph. s: With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (the n 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 p ed with a station according to its over-the-	(1) stations carried only on a part- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educate totions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WLBZ	2. 2. 2. 2.	N	
	WABI	5	N	Bangor, ME
•1	WABI	6	N	Bangor, ME Portland, ME
s as Necessary	WVII	7	N	
		···•		Bangor, ME Orono ME
	WMEB	12	E	Orono, ME
	WMEB WCSH	12 12	E N	Orono, ME Portland, ME
	WMEB WCSH WGME	12 12 13	E N N	Orono, ME Portland, ME Portland, ME
	WMEB WCSH WGME WFVX	12 12 13 22	E N N N	Orono, ME Portland, ME Portland, ME Bangor, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX	12 12 13 22	E N N N	Orono, ME Portland, ME Portland, ME Bangor, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME

EGAL NAME OF								SYSTEM ID
Lincolnville	Communic	ations	, Inc.					3534
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
Special Instruct eccivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	ctions Conce it is carried by monitoring, to prmation about rm. dentify the call tate whether it the radio stat this by placing Sive the station	rning Al y the sys be recein to the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office r t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	egulations, ar adend, and (2 mna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain st eneral in eparate	nal is generally 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	
	t							
							+	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
INAIIIE	Lincolnville Communi	cations, li	nc.					35347
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	G			
	In General: In space I, ident							
	substitute basis during the a							
Substitute	explanation of the programm				e general instru	uctions in the	e paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting per		r cable system	carry, on a substitute basi	s, any nonnet	work televis		
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete	the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE			to line. Lice obbroviations v	whorever pee	ciblo if thoir	mooning is	
	In General: List each subst clear. If you need more spa				wherever pos		meaning is	
	Column 1: Give the title	of every no	nnetwork televi	ision program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Lov	/e Lucy" or	1.
	"NBA Basketball: 76ers vs.	Bulls."				•		
				r "Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the	FCC or, in	
	the case of Mexican or Can							
	first. Example: for May 7 give		when your sys	tem carried the substitute p	program. Use	numerals, v	with the mor	ith
			substitute pro	gram was carried by your o	able system.	List the tim	es accurate	ly
	to the nearest five minutes.							-
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that ve	nur system i	was require	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulatio	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S		E PROGRAM			AGE OCCI		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. I	IMES	5222.000
					AND DAT	FROM -	— то	
					AND DAT	FROM -	<u>то</u>	
						FROM -	<u>– то</u>	
						FROM -	<u>то</u>	
						FROM -	<u> </u>	
						FROM -	<u> </u>	
						FROM -	– TO 	
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Accounting Period:	2019/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Lincolnville Communications, Inc.	Ş	35347 SYSTEM
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enfail 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	
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 \$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	263,800	
	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 Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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 \$527,	600)	
	1. Enter the amount of gross receipts from space K \$ 344,907.00		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1 \$ 81,107.00		
	4. Multiply line 3 by .01	811.07	
	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	\$	2,130.07
	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)	2,130.07	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	2,150.07
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n		

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: mmunications, Inc.			SYSTEM ID# 35347
M Channels	to its subscribers,		total number of ac	ch the cable system carried television broadcast sta tivated channels during the accounting period.	1tions 26
	2. Enter the total r on which the cab	number of activated channe ole system carried televisior	els n broadcast station	s	231
N Individual to Be Contacted	we can contact ab	pout this statement of accou		ON IS NEEDED (Identify an individual to whom	
for Further Information		Shirley Manning Lincolnville Commu	inications, Inc		phone <u>(207) 563-9911</u>
		(Number, street, rural route, apar Noboleboro, ME 045 (City, town, state, zip))	
	Email			Fax (optional)	
0		This statement of account m	nust be certified an	d signed in accordance with Copyright Office regula	tions)
Certification		l, hereby certify that (Check o other than corporation or p	·	f the boxes.) ne owner of the cable system as identified in line 1 of sp	pace B; or
	in lir	ne 1 of space B and that the o	owner is not a corpo		
	in lir • I have examined t	ne 1 of space B. the statement of account and and correct to the best of my	hereby declare und	a partner (if a partnership) of the legal entity identified a ler penalty of law that all statements of fact contained h ation, and belief, and are made in good faith.	·
			X /s/ C	athy Pelletier	
				ic signature on the line above to certify this statement. sing an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	d name: Cath	y Pelletier	
		Title: (Title of	Vice Preside	ent corporation or partnership)	

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unting Period: 2019/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
colnville Communications, Inc.	353
 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 	P Special Statemen Concerning Gross Receipts Exclusio
made by satellite carriers to satellite dish owners?	
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 Assessme
x	Interest Assessme
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x x Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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