This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGH	IT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
	\$
02/28/2020	ALLOCATION NUMBER

Return completed workbook by email to:

oplicsoa@loc.gov

For additional information, ontact the U.S. Copyright Office Licensing Division at: Fel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20192 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		TRUVISTA COMMUNICATIONS OF GEORGIA LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 160 (Number, street, rural route, apartment, or suite number)
		CHESTER, SC 29706 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
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.
Gyotom	1	TRUVISTA
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notice	: Sectior	n 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	TRUVISTA COMMUNICATIONS OF GEORGIA LLC	37806
	Instructions: List each separate community served by the cable system. A "community	y" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated com	munities 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 known
	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 ho	ome parks should be reported in parentheses below the
Area	identified city.	
Served	····,	
	CITY OR TOWN	STATE
First	TOCCOA	GA
Community	TOCCOA FALLS	GA
	LAVONIA	GA
ld Rows as Necessary	ROYSTON	GA
	STEPHENS COUNTY	GA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM ID
Name	TRUVISTA COMMUNIC	ATIONS OF	GEOF	RGIA LLC					3780
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s					ry transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p	, , ,	,		,		those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetan	broken	
scribers and	down by categories of secondary	•					,	,	
Rates	each category by counting the n	-				•			
	separately for the particular serv							-	
	Rate: Give the standard rate c	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· ·			ny standa	ard rate variation	s within a	particular rate	
	Block 1: In the left-hand block				ies of sec	condary transmis	sion servi	ce that cable	
	systems most commonly provide	• •		0		,			
	that applies to your system. Not	e: Where an in	ndividua	l or organizatio	n is receiv	ing service that	falls unde	r different	
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of						ider "Serv	ice to the	
	Block 2: If your cable system						different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	ee-word descript	ion of the	service is	
	sufficient.	DCK 1					BLOC	()	
		NO. OF					BLUC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		2,187	38.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		890	14.88					
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
-	In General: Space F calls for rat	te (not subscril	ber) info	rmation with re	spect to a	all your cable sys	stem's ser	vices that were	
F	not covered in space E, that is, t								
0	service for a single fee. There ar		,		0		0 (,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usualiy	billed. If dify fe				logiam basis,	
ransmissions:	Block 1: Give the standard rat	te charged by t							
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) description				shed. List	t these other ser	vices in th	e form of a	
							1		
		BLO			105	DATE	0.475.0	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		BORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	• Pay cable	12.99		tel, hotel	acintia				
	Pay cable—add'l channel			nmercial					
	Fire protection		_	/ cable					
	•Burglar protection		,	/ cable-add'l ch	annel				
			,	protection					
	o .								L
	Installation: Residential	39 99	• Run	alar protection					
	Installation: Residential • First set	39.99 19.99		glar protection					
	Installation: Residential • First set • Additional set(s)		Other s	services:		30.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other s • Red	services: connect		30.00			
	Installation: Residential • First set • Additional set(s)		Other s • Rec • Dise	services: connect connect					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Others • Rec • Dis • Out	services: connect		<u>30.00</u> 95.00 49.99			

Nama	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM
Name	TRUVISTA COMMUN	ICATIONS OF GEORGIA LLC		37
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable system FCC rules and regulations i	entify every television station (including t orn during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61	(1) stations carried only on a part e carriage of certain network prog	t-time basis under grams [sections
ransmitters: Television	substitute program basis, a Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations can ules, regulations, or authorizations:		
	• Do <i>not</i> list the station here station was carried <i>only</i> on	e in space G—but do list it in space I (the a substitute basis.	· · ·	
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t		see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep	ctions. SPN, etc. Identify each port multistream
	of license. For example, W Column 3: Indicate in each	el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. n case whether the station is a network s	station, an independent station, or	r a noncommercial
		ering the letter "N" (for network), "N-M" (for network), "N-M" (for noncommercial educational), or		
	For the meaning of these te Column 4: Give the locatio	erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t idian stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the statio	on is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAGA	27	l	ATLANTA, GA
	WAGA HD	27.1	I-M	ATLANTA, GA
l Rows as Necessary	WGCL	19	N	ATLANTA, GA
	WGTV	7	E	ATHENS, GA
	WGTV HD	7.1	E-M	ATHENS, GA
	WMYA	35	l	ANDERSON, SC
	WMYA-MYTV	35.1	I	ANDERSON, SC
	WPCH	31	I	ATLANTA, GA
	WSB	32	Ν	ATLANTA, GA
	WSB HD	32.1	N-M	ATLANTA, GA
	WYFF	30	N	GREENVILLE, SC
	WYFF HD	30.1	N-M	GREENVILLE, SC
	WYFF-METV	30.2	I-M	GREENVILLE, SC
	WSB-RETRO TV	32.2	I-M	ATLANTA, GA
	WGGS	2	l	GREENVILLE, SC
	WHNS	17	I	GREENVILLE, SC
	WHNS HD	17.1	I-M	GREENVILLE, SC
	WHNS	17.2	I-M	GREENVILLE, SC
			Ν	ASHVILLE, NC
	WLOS	13		
			Ν	SPARTANBURG, SC
	WLOS WSPA WSPA HD	11 11.1	N	SPARTANBURG, SC SPARTANBURG, SC
	WSPA	11		SPARTANBURG, SC SPARTANBURG, SC ASHVILLE, NC

LEGAL NAME OF			YSTEM: IS OF GEORGIA LLC					SYSTEM I 378
	t every radio s	station 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 about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein at the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes (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 c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in 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	
		2.2				2,2		
							·	
							·	
							·	
							·	
							·	

Accounting Perio	od: 2019/2							FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:						SYSTEM ID#
Name	TRUVISTA COMMUNI	CATIONS	OF GEORG	IA LLC					37806
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
	In General: In space I, ident								
Out attracts	substitute basis during the a explanation of the programm								
Substitute Carriage:					ne general in	SILUCIONS		paper 3	41-2 101111.
Special	1. SPECIAL STATEMEN					a a trua rik ta			
Statement and	During the accounting per	-	ur cable syster	n carry, on a substitute ba	sis, any noni	ielwork le			
Program Log	broadcast by a distant sta	tion?						YES	× NO
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	s "Yes," you i	must com	plete t	he prog	ram
	log in block 2.								
	2. LOG OF SUBSTITUTI								
	In General: List each subs				s wherever p	ossible, if	their r	meaning	is
	clear. If you need more spa Column 1: Give the title			vision program ("substitute	e program") t	hat during	n the a	accounti	na
	period, was broadcast by a								
	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	e Lucy"	or
			dcast live, ent	er "Yes." Otherwise enter '	'No."				
	Column 3: Give the call	sign of the	station broadd	asting the substitute progr	am.				
				the community to which the			/ the F	CC or,	n
	the case of Mexican or Car			stem carried the substitute			ale wi	th the m	onth
	first. Example: for May 7 gi		when your sy		program. O	Se numera	ui3, wi		Ionan
	Column 6: State the tim	es when the		ogram was carried by you					ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	6:28:30 p.r	n. shc	ould be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming that	t vour svst	tem w	as requ	ired
	to delete under FCC rules								
	was substituted for program	nming that y							0
	effect on October 19, 1976								
					\//HE	N SUBST		с	
	s	UBSTITUT	E PROGRAM	1		AGE OC			7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		TIMES		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	_	TO	
							_		
							_		
							_		
							_		
							_		
							_		
					·				
			· · · · · · · · · · · · · · · · · · ·						

Accounting Period:	2019/2		FORM S	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA LLC		S	37806 337806
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amounts (gross receipts) paid to your cable system by subscribers for the system's see (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transm o compute this a	ission service amount, see \$51	
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 tha • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less tha See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00	ou must pay for	this six-mon [,]	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	. ,	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	511,626.78		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	247,826.78		
	4. Multiply line 3 by .01	\$	2,478.27	
	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.		\$	3,797.27
	FILING FEE AND TOTAL REMITTANCE DUE			
Filian Factoria				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	3,797.27	
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		\$	3,817.27
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form for	-		ghts!

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: MMUNICATIONS OF GEO	ORGIA LLC			SYSTEM ID# 37806
M Channels	to its subscribers, 1. Enter the total system carried t	u must give (1) the number c , and (2) the cable system's t number of channels on which television broadcast stations number of activated channel	total number of activat	ed channels during the a	ccounting period.	22
		ble system carried television ast services				108
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accourt		S NEEDED (Identify an in	dividual to whom	
for Further Information	Name	AUTUMN CASTLES			Telephone	803-581-9148
	Address	P.O. BOX 160 (Number, street, rural route, apart CHESTER, SC 29706 (City, town, state, zip)				
	Email	ACASTLES@1	TRUVISTA.BIZ		Fax (optional)	
O Certification	I, the undersigne (Owner (Agent in li X (Office in li I have examined	ed, hereby certify that (Check or r other than corporation or p of owner other than corpor ine 1 of space B and that the of er or partner) I am an officer (ine 1 of space B. the statement of account and e, and correct to the best of m	one, <i>but only one</i> , of the partnership) I am the c ation or partnership) I owner is not a corporati (if a corporation) or a p I hereby declare under	wner of the cable system am the duly authorized a on or partnership; or artner (if a partnership) of penalty of law that all state	Copyright Office regulations) as identified in line 1 of space gent of the owner of the cable the legal entity identified as ov ements of fact contained herein de in good faith.	system as identified vner of the cable system
			Enter an electronic sig	thy A. Geyer nature on the line above to an "/s/ signature" (e.g., /s/		
		Typed or printed Title: (Title of o	d name: Timothy CFO	/ A. Geyer		
		Date:			2-28-2020	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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.

JUISTA COMMUNICATIONS OF GEORGIA LLC 37 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: Image: Comparison of 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." P 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. Secondary transmissions of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. \$ Mo Maining Address Maining Address Maining Address Maining Address Maining Address	unting Period: 2019/2	FORM SA1-2E. PAG
SPECIAL STATEMENT CONCERNING GROUND Concerning and the statement of account in the system shall not include subcombers and the gross amounts paid to the cable system for the basic subcombers and mounts collected from subcombers aceiving accountary transmissions of primary broadcast transmitters. The system shall not include subcombers aceiving accountary transmissions parsuant to section 119. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions broadcast transmissions parsuant to section 119. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions broadcast transmissions parsuant to section 119. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions broadcast transmissions made by satellite carriers to satellite carrier(s) below. Notice	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
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. The determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers are the gross amounts paid to the cable system for the basic 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. No N Y ES. Enter the total here and list the satellite carrier(s) below. N N N N N N N N N N N N N	IVISTA COMMUNICATIONS OF GEORGIA LLC	378
Name Name Maiing Address Maiing Address INTEREST ASSESSMENT Maiing Address You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment. x	 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? 	P Special Statemen Concerning Gross Receipts Exclusio
Maiing Address Maiing Address Maiing 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. x	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Line 1 Enter the amount of late payment or underpayment		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Line 1 Enter the amount of late payment or underpayment		
Line 1 Enter the aniount of rate payment or underpayment. x -	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
x	Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 3 Multiply line 2 by the number of days late and enter the sum here	X	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@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	Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	x x days Line 3 Multiply line 2 by the number of days late and enter the sum here x x x x x 0.00274	
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 ID number	Line 3 Multiply line 2 by the number of days late and enter the sum here	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number	x	
Address ID number	x	
Address ID number	x	
	x	
	x	
First community served	x	
Accounting period	Line 3 Multiply line 2 by the number of days late and enter the sum here	

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