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

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20192 Barcode Data Filing Period (optional - see instructions)	
Accounting 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.	38798
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		NEX-TECH LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		145 N MAIN (Number, street, rural route, apartment, or suite number)	
		LENORA, KS 67645 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
	•	•	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	NEX-TECH LLC	38798
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, I list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	e home parks should be reported in parentheses below the
Fired	CITY OR TOWN KENSINGTON	STATE KS
First Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM II
Name	NEX-TECH LLC	BEE OF OF EM.						010	3879
Е	SECONDARY TRANSMISSION								
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							-	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicated	-not the nun	ber of sets	s receiving servi	ce).	•	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc	· · ·	,		ny standar	d rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of seco	ondary transmiss	sion service	e that cable	
	systems most commonly provide	e to their subsc	ribers. G	ive the numbe	r of subsc	ribers and rate fo	or each list	ed category	
	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.		right-ha	ITU DIOCK. A U					
	BL	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	Service to first set		133	30.00	PREMI	ERE		112	46
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	6				
F	In General: Space F calls for rat	·	,		•				
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually b	oilled. If any ra	tes are ch	arged on a varia	ble per-pro	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cable	system for ea	ch of the a	nnlicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				shed. List	these other serv	ices in the	form of a	
	brief (two- or three-word) descrip	otion and includ	le the rat	e for each.			1		
	bilei (two- of tillee-word) descrip							BLOCK 2	
		BLO							
	CATEGORY OF SERVICE	BLO0 RATE	CATEG	ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEG	tion: Non-res		RATE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEG Installa • Mote	t ion: Non-res el, hotel		RATE	Sports	& Entertain.	13.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mote • Com	t ion: Non-res el, hotel imercial		RATE	Sports Cinema	& Entertain.	13. 11.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG Installa • Mote • Com • Pay	t ion: Non-res el, hotel mercial cable	idential	RATE	Sports Cinema HBO	& Entertain. x	13. 11. 17.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE	CATEG Installa • Mote • Com • Pay • Pay	tion: Non-res el, hotel mercial cable cable-add'l ch	idential	RATE	Sports Cinema HBO Showtir	& Entertain. x ne & TMC	RAT 13. 11. 17. 14. 12
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	76.00	CATEG Installa • Mote • Com • Pay • Pay • Fire	tion: Non-res el, hotel Imercial cable cable-add'l ch protection	idential	RATE	Sports Cinema HBO	& Entertain. x ne & TMC	13. 11. 17.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 76.00 99.00	CATEG Installa • Mote • Com • Pay • Pay • Fire • Burg	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	idential	RATE	Sports Cinema HBO Showtir	& Entertain. x ne & TMC	13. 11. 17. 14.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	76.00	CATEG Installa • Mote • Com • Pay • Pay • Fire • Burg Other s	tion: Non-res an hotel mercial cable cable-add'l ch protection glar protection ervices:	idential		Sports Cinema HBO Showtir	& Entertain. x ne & TMC	13. 11. 17. 14.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 76.00 99.00	CATEG Installa • Mote • Corr • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	idential	RATE	Sports Cinema HBO Showtir	& Entertain. x ne & TMC	13 11 17 14
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 76.00 99.00	CATEG Installar • Mote • Corr • Pay • Pay • Fire • Burg Other s • Rec • Disc	tion: Non-res bl, hotel mercial cable cable-add'l ch protection glar protection ervices: ponnect	idential		Sports Cinema HBO Showtir	& Entertain. x ne & TMC	13 11 17 14

ounting Period: 2	2019/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
	NEX-TECH LLC			387
_	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann- of license. For example, W Column 3: Indicate in each educational station, by enter	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pi d with a station according to its over-the- the form. 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 ering the letter "N" (for network), "N-M" (f	(1) stations carried only on a part the carriage of certain network prog 1(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 als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep- vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep	t-time basis under grams [sections tations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M"
		, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc		tional multicast).
	Column 4: Give the locatio	on of each station. For U.S. stations, list dian stations, if any, give the name of th	the community to which the station	
		uldii Stauons, ii any, give me name or an		n is identineu.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNC	2. 2	N	
		•		GREAT BEND, KS
	KLNE	5	E	LEXINGTON, NE
as Necessary	KSNB	5	N	SUPERIOR, NE
	KBSH	7	N =	HAYS, KS
	KOOD	9	<u>E</u>	HAYS, KS
	KGIN	11	N	GRAND ISLAND, NE
	KHGI	13	N	KEARNEY, NE
		14	N	
	KSNB-DT2	15	N .	
	KWBL	16		KEARNEY, NE
	KSCW	23		
	KSAS	24	N	
	KWCH-DT2	110	N-M	
	KOOD-DT3	183	E-M	HAYS, KS
	KMTW-DT3	186	I-M	WICHITA, KS
	KSAS-DT2	187	N-M	WICHITA, KS
	KOOD-DT2	189	E-M	HAYS, KS

Accounting F	Period: 2019	/2						FORM	I SA1-2E. PAGE
LEGAL NAME O		CABLE S	/STEM:						SYSTEM ID 3879
									5075
	st every radio s	station ca	arried on a separate and disc nerally receivable by your cal						н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried by monitoring, to ormation about rm. dentify the call State whether the f the radio stat this by placing Give the station	y the sys be recein t the Co sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on 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	at s tř	the system's he ystem's FM anto is point, see pa ed by the cable s e station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		n	11			1	n		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	FM		PHILLIPSBURG, KS						
KDT	FM		BURDETT, KS						
	+								
	+								
	+								

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	NEX-TECH LLC							38798
	SUBSTITUTE CARRIAGI				2			
1	In General: In space I, identi	-	-			ion that you	ır cable evete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev <u>i</u>	sion progran	1
Program Log	broadcast by a distant sta	tion?					YES	× NO
i rogium 20g	Note: If your answer is "No'	' leave the	rest of this pac	e blank If your answer is "	Yes " vou mu	ust complete	-	
	log in block 2.	, louvo alo	root of the pag		roo, you me	iot complet	o the program	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst	itute progra	m on a separa		wherever pos	sible, if thei	ir meaning is	i
	clear. If you need more spa					م ماد سانه مد مام		
	period, was broadcast by a			ision program ("substitute p ur cable system substituted				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for furthe	er information	
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live ente	r "Yes." Otherwise enter "N	lo "			
				sting the substitute program				
				e community to which the			e FCC or, in	
	the case of Mexican or Can			community with which the s tem carried the substitute p			with the mor	ath
	first. Example: for May 7 giv		when your sys			numerais,		
	Column 6: State the time	es when the		gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	hould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	enter the let	ter "P" if the	e listed progr	
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulation	ons in	
								1
						N SUBST		
	S		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	FROM	— TO	
							_	
							<u> </u>	
							<u> </u>	
							<u> </u>	
							_	
							_	
							_	
							_	
1		1	1					1

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name		S	YSTEM ID#
	NEX-TECH LLC		38798
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.	smission servic s amount, see	e 8,690.08
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	. \$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00	_	
	2. Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	-	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52)	7,600)	
	1. Enter the amount of gross receipts from space K	-	
	2. Base amount under statutory formula	-	
	3. Subtract line 2 from line 1	-	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and 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!

Name New New New New New New New New New Ne	Address 2418 Vine Street (Number, street, rural route, apartment, or suite number) Hays, KS 67601 (City, town, state, zip)	SYSTEM ID# 38798
M In Channels 1. 2. 2. 0 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations Is subscribers, and (2) the cable system's total number of activated channels during the accounting period. Is there the total number of channels on which the cable system carried television broadcast stations Is there the total number of activated channels Is the total number of activated channels Is number of activated channels	. 17
Individual to Be Contacted for Further Information	we can contact about this statement of account.) Name Scott Roe Address 2418 Vine Street (Number, street, rural route, apartment, or suite number) Hays, KS 67601 (City, town, state, zip)	e <u>785-625-7070</u>
for Further N Information	Address 2418 Vine Street (Number, street, rural route, apartment, or suite number) Hays, KS 67601 (City, town, state, zip)	e 785-625-7070
	(Number, street, rural route, apartment, or suite number) Hays, KS 67601 (City, town, state, zip)	
E	(City, town, state, zip)	
	Email sroe@nex-tech.com Fax (optional)	
Certification • I,	ERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereis re true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 18 U.S.C., Section 1001(1986)] X /s/ Rhonda S. Goddard Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Rhonda S. Goddard Title: Chief Financial Officer	B; or system as identified ner of the cable system
	(Title of official position held in corporation or partnership) Date: 02/26/2020	

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	FORM SA1-2E. PAC
	SYSTEM 387
-TECH LLC	38/
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 Gros
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.	Receipts Exclusi
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
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
x	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 - x	Interest Assessm
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