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 COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
9/3/2020	\$ ALLOCATION NUMBER

Return completed workbook by email to:

### coplicsoa@copyright.gov

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

_			
A	ACCOUN	ITING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	201	9/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
	Inct	ructions:	
В	Give	ructions:  e 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 he 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.	
		ere were different owners during the accounting period, only the owner on the last day of the accounting period should submit a le statement of account and royalty fee payment covering the entire accounting period.	
	Che	ck here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	15466
	1		
	LE	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	Tov	wn & Country Cable and Telecommunications LLC	
	BUS	SINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		ILING ADDRESS OF OWNER OF CABLE SYSTEM	
		00 Ferry Street  mber, street, rural route, apartment, or suite number)	
	Mo	ontague MI 49437 , town, state, zip)	
С		<b>TIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system ure ady appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	IDE	NTIFICATION OF CABLE SYSTEM:	
	1 Go	olden Communications LLC	
	MAI	LING ADDRESS OF CABLE SYSTEM:	
	2 (Num	nber, 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2013/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Town & Country Cable and Telecommunications LLC	15466
	Instructions: List each separate community served by the cable system. A "col	
D	"a separate and distinct community or municipal entity (including unincorporal 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 fility. Note: Entities and properties such as hotels, apartments, condominiums, or many condominiums.	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Mears	MI
Community	Silver Lake	MI
	Stony Lake	MI
Add Rows as Necessary		

Accounting Period: 2019/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 15466

## Town & Country Cable and Telecommunications LLC

# E

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK	(2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	OODOONIDENO	TVATE	CATEGORY OF SERVICE	GODGCITIDEITG	IVAIL
Service to first set	763	21.00	Expanded Basic	495	66.00
<ul> <li>Service to additional set(s)</li> </ul>	174	5.00			
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
<ul> <li>Residential</li> </ul>					
Non-residential					

# F

Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		Pay cable			
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	95.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	35.00	Other services:			
• FM radio (if separate rate)		Reconnect	35.00		
Converter	5.00	Disconnect	-		
		Outlet relocation	35.00		
		Move to new address	35.00		

ccounting Period:	2019/2			FORM SA1-2E. PAGE 3
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID:
Name	Town & Country Cabl	e and Telecommunications LL	_C	15460
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ide carried by your cable systel FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, a Substitute Basis Stations basis under specific FCC rules to not list the station here station was carried only on List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channer of license. For example, WColumn 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these to Column 4: Give the location	entify every television station (including in during the accounting period, except in effect on June 24, 1981, permitting to e)(2) and (4), or 76.63 (referring to 76.63 se explained in the next paragraph.  With respect to any distant stations of alles, regulations, or authorizations: in space G—but do list it in space I (if a substitute basis.  also in space I, if the station was carried in concerning substitute basis stations of scall sign. Do not report origination if with a station according to its over-the	of (1) stations carried only on a part- the carriage of certain network progra- 61(e)(2) and (4))]; and (2) certain sta- carried by your cable system on a sul- the Special Statement and Program and both on a substitute basis and also, see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a sostitute program Log)—if the consome other cons.  PN, etc. Identify each out multistream the air in its community noncommercial endent), "I-M" onal multicast).  is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFQX	5	N	CADILLAC MI
	WPBN	7	N	TRAVERSE CITY MI
Add Rows as Necessary	WWTV	6	N	
		9	IN	CADILLAC MI
	WCMU	12	l	CADILLAC MI MT. PLEASANT MI
	WCMU WZZM		I N	
		12	1	MT. PLEASANT MI
		12	1	MT. PLEASANT MI
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		12	1	MT. PLEASANT MI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **Town & Country Cable and Telecommunications LLC**

15466

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

0411 010::	l	0/0		T 0411 01011	l	0.10	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio		CABLE SYS	STFM <sup>.</sup>				FOR	M SA1-2E. PAGE 5.
Name	Town & Country Cable			ations LLC				15466
	LEGAL NAME OF OWNER OF Town & Country Cable SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more space of the column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 give	E: SPECI.  tify every not accounting pring that mu.  T CONCEI riod, did you tion?  T', leave the example of every not a distant state gulations, ries like "mu Bulls."  The was broad sign of the adcast stating adding stating that and day we "5/7."  The when the example of the stating that and day we "5/7."	AL STATEME  Innetwork televioleriod, under spist be included in  RNING SUBS  ur cable system  e rest of this pa  AMS  am on a separadd additional contentwork televition and that your authorization ovies" or "bask adcast live, enterstation broadcrons, if any, the your sy e substitute pro-	ision program, broadcast by secific present and former F in this log, see page (v) of the second program, broadcast by secific present and former F in this log, see page (v) of the second program (substitute based program (substitute based program (substitute our cable system substitute our cable system substitute our cable system substitute our cable system substitute and cable system substitute our cable system substitute our cable system substitute activities. See page (v) of the general program of the substitute program the substitute program was carried by your organ was carried by your organ was carried by your statem carried the substitute organ was carried by your statem carried the substitute organ was carried by your statem carried the substitute organ was carried by your statem carried the substitute organ was carried by your statem carried the substitute organ was carried by your statem carried the substitute organ was carried by your statem or the substitute organ was carried by your statem or the substitute organ was carried by your statem or the substitute organ was carried by your statem or the substitute organ was carried by your statem or the substitute organ was carried by your statem or the substitute organ was carried by your statem or the substitute organ was carried by your statem or the substitute organ was carried by your statem or the substitute organ was carried by your statem or the substitute organ was carried by your statem or the substitute organ was carried by your statem or the substitute organ was carried by your statem or the substitute organ was carried by your statem or the substitute organ was carried by your statem or the substitute organ was carried by your statem or the substitute or the	a distant star CC rules, reg he general insussis, any nonres "Yes," you res wherever per program") the dor the program titles, for earn.  e station is like a station is like a program. User cable system	ulations, of structions network temust compossible, if that, during ogrammin ions for fuexample, 'censed by entified). se numerations. List the	your cable sys or authorizatio in the paper S elevision prog YES plete the prog their meaning g the account ng of another urther informa "I Love Lucy" y the FCC or, als, with the r e times accur-	system ID# 15466  Item carried on a ns. For a further SA1-2 form.  Tram  X  NO  gram  g is ting station tion. or  in month
	stated as "6:00-6:30 p.m."	ter "R" if the and regulat mming that	e listed progran	n was substituted for progr luring the accounting perio	ramming that od; enter the l ler FCC rules	your sys etter "P" i	tem was <i>requ</i> if the listed pr ulations in	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OC	CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES  — TO	DELETION

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Town & Country Cable and Telecommunications LLC	SY	STEM ID# 15466
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (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.	mission service amount, se	,138.00
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	s receipts)
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 \$0.00 but less than 0 but less than \$527,600 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.	\$263,80(	
	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 the accounting period is \$52.00	his 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 \$137,1)	00)	
	1. Base amount under statutory formula		
	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)	
	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
	EFT Trace # or TRANSACTION ID # 76027131984		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Town & Country Cable and Telecommunications LLC	SYSTEM ID# 15466
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels	5
	on which the cable system carried television broadcast stations and nonbroadcast services	75
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Address  (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip)  Email Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable 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 herein are 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)]	
	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: Christine Jones  Title: Office Administrator  (Title of official position held in corporation or partnership)	
	Date:  August 24, 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.

ounting Period: 2019/2				FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF (	CABLE SYSTEM:			SYSTEM ID
vn & Country Cable	and Telecommunications LLC			1546
The Satellite Home View lowing sentence:  "In determining to service of provide scribers and amount of the service of the s	ENT CONCERNING GROSS RE wer Act of 1988 amended Title 17, section the total number of subscribers and the going secondary transmissions of primary to bounts collected from subscribers receiving when to exclude these amounts, see the 1-2 form.  eriod, did the cable system exclude any its to satellite dish owners?	n 111(d)(1)(A), of the ross amounts paid to proadcast transmitters g secondary transmis e note on page (vii) o	e Copyright Act by adding the fol- othe cable system for the basic s, the system shall not include sub- ssions pursuant to section 119."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the tota	here and list the satellite carrier(s) below	w	. \$	
Name Mailing Address		Name Mailing Address		
				···
INTEREST ASSES	SMENT			
•	worksheet for those royalty payments su terest assessment, see page (viii) of the			Q
For an explanation of in		general instructions l	located in the paper SA1-2 form.	Q Interest Assessment
For an explanation of in	terest assessment, see page (viii) of the	general instructions l	located in the paper SA1-2 form.	Q Interest Assessment
For an explanation of in  Line 1 Enter the amou	terest assessment, see page (viii) of the	general instructions l	located in the paper SA1-2 form.	Q Interest Assessment
For an explanation of in  Line 1 Enter the amou	terest assessment, see page (viii) of the	general instructions l	ocated in the paper SA1-2 form.  x	Q Interest Assessment
For an explanation of in  Line 1 Enter the amou  Line 2 Multiply line 1 b	terest assessment, see page (viii) of the nt of late payment or underpayment	general instructions l	x days	Q Interest Assessment
For an explanation of in  Line 1 Enter the amou  Line 2 Multiply line 1 b	terest assessment, see page (viii) of the	general instructions l	x days	Q Interest Assessment
For an explanation of in  Line 1 Enter the amou  Line 2 Multiply line 1 b  Line 3 Multiply line 2 b  Line 4 Multiply line 3 b	terest assessment, see page (viii) of the nt of late payment or underpayment	general instructions l	x days	Q Interest Assessment
For an explanation of in  Line 1 Enter the amou  Line 2 Multiply line 1 b  Line 3 Multiply line 2 b  Line 4 Multiply line 3 b	terest assessment, see page (viii) of the nt of late payment or underpayment	general instructions l	x days x 0.00274	Q Interest Assessment
For an explanation of in  Line 1 Enter the amou  Line 2 Multiply line 1 b  Line 3 Multiply line 2 b  Line 4 Multiply line 3 b  in space L, (page)	terest assessment, see page (viii) of the nt of late payment or underpayment	general instructions land	x days  x 0.00274  \$ (interest charge)	Q Interest Assessment
For an explanation of in  Line 1 Enter the amou  Line 2 Multiply line 1 b  Line 3 Multiply line 2 b  Line 4 Multiply line 3 b  in space L, (page)	terest assessment, see page (viii) of the nt of late payment or underpayment	general instructions land	x days  x 0.00274  \$ (interest charge)	Q Interest Assessment
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For an explanation of in  Line 1 Enter the amou  Line 2 Multiply line 1 b  Line 3 Multiply line 2 b  Line 4 Multiply line 3 b  in space L, (pag  * To view the interest contact the Licens  ** This is the decimal  NOTE: If you are filing to	terest assessment, see page (viii) of the nt of late payment or underpayment	general instructions lands are sum here	x  x  days  x 0.00274  \$ - (interest charge)  e.pdf. For further assistance please  e day late.  tted to the Copyright Office, please	Q Interest Assessment
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