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 workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form) General instructions are located	DATE RECEIVED	AMOUNT \$	Coplicsoa@loc.gov For additional information, contact the U.S. Copyright
in the first tab of this workbook	03/02/2020	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	/YY/(Period))	

		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20192 Barcode Data Filing Period (optional - see instructions)	
Periou			
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.	40118
	-	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Atlantic Broadband (SC) LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2 Batterymarch Park, Suite 205	
		(Number, street, rural route, apartment, or suite number)	
		Quincy, MA 02169 (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 u s 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:	
		Atlantic Broadband	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	520 Pine Log Road (Number, street, rural route, apartment, or suite number)	
	2	(Number, street, rural route, apartment, or suite number) Aiken, SC 29803	
		(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#
Name	Atlantic Broadband (SC) LLC	40118
D	Instructions: List each separate community served by the cable syste "a separate and distinct community or municipal entity (including un	m. A "community" is the same as a "community unit" as defined in FCC rules: incorporated communities within unincorporated areas and including single, unity that you list will serve as a form of system identification hereafter known future filings.
Area Served	Note: Entities and properties such as hotels, apartments, condomininidentified city.	ums, or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Town of Allendale	SC
Community	Allendale County (un-incorp) Fairfax	SC SC
Add Rows as Necessary		
, ad nons as necessary		

	LEGAL NAME OF OWNER OF CA								TEM ID
Name	Atlantic Broadband (SC							515	4011
) LLO							
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	(June 30 or D	ecembe	r 31, as the cas	se may be).		-	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the nu								
Rales	separately for the particular servi							chargeu	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed				ny standar	d rate variation	s within a p	articular rate	
	category, but do not include disc				on of one	ndor <i>u</i> tronomia	aion oon <i>i</i> io	a that apple	
	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					in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	ind rates, in the	e right-ha	and block. A tw	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.								
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		346		Value			306	74.7
	 Service to additional set(s) 				Digital			124	80.4
	 FM radio (if separate rate) 				Digital	Plus		80	102.4
	Motel, hotel		0	4.37					
	Commercial		9	38.34					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS		:				
-	In General: Space F calls for rat					your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, th								
0 a maile a a	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		abaany	billed. If driy fa				sgram basis,	
ransmissions:									
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a s brief (two- or three-word) descrip				inea. List i	inese other serv	lices in the	IOTTI OF A	
							T		
		BLO				DATE		BLOCK 2 DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RATE	CATEGO	DRT OF SERVICE	RATE
	Pay cable	19.99		el, hotel	uentiai				
	Pay cable—add'l channel	10.00		nmercial			НВО		19.9
	• Fire protection		_	r cable			Showti	me	19.9
	•Burglar protection		-	cable-add'l ch	annel		Cinema		19.9
			-				MovieP		9.0
	÷ ·		• • • • •	protection					
	Installation: Residential	50 00		protection			2 Prem	ium	
	Installation: Residential • First set	50.00 50.00	• Bur	glar protection			2 Prem 3 Prem		38.9
	Installation: Residential • First set • Additional set(s)	50.00 50.00	• Burg Other s	glar protection		40.00	2 Prem 3 Prem		38.9 55.9
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	50.00	• Burg Other s • Rec	glar protection services: connect		40.00			38.9
	Installation: Residential • First set • Additional set(s)		• Burg Other s • Rec • Disc	glar protection		40.00			38.9

	T			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID: 40118
	Atlantic Broadband (•		
G Primary nsmitters: elevision	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 ru • Do <i>not</i> list the station her 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 ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul he Special Statement and Program d 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	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAGT	30.4	N	Augusta, GA
	WAGT-CW	30.3	N	Augusta, GA
ows as Necessary	WCES	6.1	E	Wrens, GA
	WEBA	33.1	E	Allendale, SC
Rows as Necessary				
	WEBA-SCC	33.2	E	Allendale, SC
	WEBA-SCC WEBA WORLD	33.2 33.3	E E	Allendale, SC Allendale, SC
	WEBA WORLD	33.3	E	Allendale, SC
	WEBA WORLD WFXG	33.3 54.1	EN	Allendale, SC Augusta, GA
	WEBA WORLD WFXG WFXG GRIT	33.3 54.1 54.3	E N N	Allendale, SC Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce	33.3 54.1 54.3 54.2	E N N N	Allendale, SC Augusta, GA Augusta, GA Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF	33.3 54.1 54.3 54.2 42.1	E N N N N	Allendale, SC Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV	33.3 54.1 54.3 54.2 42.1 42.2	E N N N N N	Allendale, SC Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N	Allendale, SC Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3	E N N N N N N N	Allendale, SC Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N	Allendale, SC Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N	Allendale, SC Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N	Allendale, SC Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N	Allendale, SC Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N	Allendale, SC Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N	Allendale, SC Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N	Allendale, SC Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA

EGAL NAME OF			′STEM:					SYSTEM I 401
		,						
	t every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abourn. Identify the call tate whether to the radio stat this by placing tive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processor k mark in the "S/D" column. on (the community to which the the community with which the	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 co 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
		0/5			ANA	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/2						FORM	SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Atlantic Broadband (S	C) LLC						40118
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	-	-		-	ion that your cab	le system	carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the pap	per SA1-2	form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev <u>ision</u>	program_	
Statement and Program Log	broadcast by a distant sta	tion?					YES	X NO
Frogram Log	Note: If your answer is "No'	loovo tho	root of this pag	a blank. If your anower is				
		, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete the	program	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their me	aning is	
	clear. If you need more spa						uning is	
				sion program ("substitute				
	period, was broadcast by a							on
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			Lot opcome program				
				"Yes." Otherwise enter "N				
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	m. station is liss	need by the FCC) or in	
	the case of Mexican or Can			e community to which the			or, in د	
				tem carried the substitute			the month	h
	first. Example: for May 7 giv	ve "5/7."			-			
				gram was carried by your				
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should	dbe	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was	required	
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the liste	ed prograi	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations ir	า	
	effect on October 19, 1976.							
					WHE	N SUBSTITUT	E	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCURR	RED	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. TIMES FROM —	3 то	DELETION
		100 01 110	ONEE OIGH				10	
						_		
					·			
						_		

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	Atlantic Broadband (SC) LLC		40118
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	, 121.00
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 • 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 \$527	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing 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		nts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name		DF OWNER OF CABLE SYSTEM: adband (SC) LLC	SYSTEM ID# 40118
M Channels	 to its subscrib 1. Enter the to system carr 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ied television broadcast stations cotal number of activated channels e cable system carried television broadcast stations	8 336
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Patrick Bratton Telephone	617-786-8800
	Address	2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	
	Email	pbratton@atlanticbb.com Fax (optional)	
O Certification	(Ov (Ag X (O • I have exami are true, comp	igned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) wher other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein olete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Section 1001(1986)]	tem as identified
		X /s/ Patrick Bratton 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: Patrick Bratton Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
		Date: March 1, 2020	

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inting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ntic Broadband (SC) LLC	401
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 made by satellite carriers to satellite dish owners?	P Special Statemer Concerning Gros Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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	_
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	-
xdays	-
	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - k - - <t< td=""><td>-</td></t<>	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here 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. For further assistance please	
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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