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	HT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
	\$
02/28/2020	ALLOCATION NUMBER

Return completed workbook by email to:

## oplicsoa@loc.gov

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

Α	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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		FAIRFIELD COMMUNICATIONS INC 004604
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		TRUVISTA COMMUNICATIONS
		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	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
-	name	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: TRUVISTA
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notic	e: Section	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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	FAIRFIELD COMMUNICATIONS INC 004604	4604
_	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	
	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	me narks should be reported in parentheses below the
Area	identified city.	and parks should be reported in parentileses below the
Served		
	CITY OR TOWN	STATE
First	WINNSBORO	SC
Community	RIDGEWAY	SC
-	PORTIONS OF FAIRFIELD COUNTY	SC
Rows as Necessary		

							FORM SA1-			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	l:				SYS			
	FAIRFIELD COMMUNIC	ATIONS IN	C 004604					460		
E Secondary Transmission Service: Sub- scribers and Rates	In General: The information in s system, that is, the retransmissi about other services (including p last day of the accounting period Number of Subscribers: Bott down by categories of secondar each category by counting the m separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not categories, that person or entify 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, for	space E should on of television bay cable) in s d (June 30 or I h blocks in spa y transmission number of billin vice at the rate charged for ea d. (Example: "\$ counts allowed k in space E, th e to their subs e: Where an in should be cou- able service to once again un- has rate catego tiers of service	E: SUBSCRIBERS AND RATES ould cover all categories of secondary transmission service of the cable sion and radio broadcasts by your system to subscribers. Give information in space F, not here. All the facts you state must be those existing on the or December 31, as the case may be) space E call for the number of subscribers to the cable system, broker sion service. In general, you can compute the number of subscribers in billings in that category (the number of persons or organizations charge rate indicated—not the number of sets receiving service) each category of service. Include both the amount of the charge and the e: "\$20/mth"). Summarize any standard rate variations within a particular rate wed for advance payment E, the form lists the categories of secondary transmission service that cable ubscribers. Give the number of subscribers and rate for each listed category in individual or organization is receiving service that falls under different counted as a subscriber in each applicable category. Example: a residentia e to additional sets would be included in the count under "Service to the under "Service to additional set(s).' ategories for secondary transmissions, list them, togethe							
	with the number of subscribers a sufficient.	and rates, in th	e right-hand blo	ock. A two- or th	ree-word descrip					
	BLC	DCK 1				BLOCK				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		E CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential: • Service to first set • Service to additional set(s)		1,120 2	7.99						
	• FM radio (if separate rate) Motel, hotel		5 5.95*/	mth						
	Commercial									
	Converter			*						
	Residential				er Unit					
	Non-residential			233 Ur						
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, 1 service for a single fee. There a furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscri those services re two excepti- or facilities fur nit in which it is rate column te charged by t your cable sy separate char	ber) information that are not offe ons: you do not nished to nonsu s usually billed. the cable syster stem furnished ge was made or de the rate for e	with respect to ered in combina need to give rat bscribers. Rate if any rates are n for each of th or offered durin established. Li	tion with any set te information co information sho charged on a va e applicable serv g the accounting	condary tra ncerning ( uld include riable per- rices listed period tha	ansmissioı 1) service: e both the program basis at were nc			
		DLU			-	CATECO				
	CATEGORY OF SERVICE	RATE	CATEGORY O	F SERVICE	RATE	LOAIE	JRY OF SERVICEI	RAT		
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY O		RATE	CATEGO	DRY OF SERVICE	RAT		
		RATE 12.99		on-residential	RATE	CATEGO	JRY OF SERVICE	RAT		
	Continuing Services:		Installation: N	on-residential	RATE	CATEGO	JRY OF SERVICE	RAT		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		Installation: N • Motel, hotel • Commercia • Pay cable	on-residential	RATE		JRY OF SERVICE	RAT		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		Installation: N • Motel, hotel • Commercia • Pay cable • Pay cable-a	on-residential I Idd'l channel	RATE		JRY OF SERVICE	RAT		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	12.99	Installation: N • Motel, hotel • Commercia • Pay cable • Pay cable-a • Fire protect	on-residential I Idd'I channel ion	RATE		JRY OF SERVICE	RAT		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	12.99 39.99	Installation: N • Motel, hotel • Commercia • Pay cable • Pay cable-a • Fire protect • Burglar protect	on-residential I Idd'I channel ion rection	RATE		JRY OF SERVICE	RAT		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	12.99 39.99	Installation: N • Motel, hotel • Commercia • Pay cable • Pay cable-a • Fire protect • Burglar prot Other services	on-residential I Idd'I channel ion rection			JRY OF SERVICE	RAT		
	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)	12.99 39.99	Installation: N • Motel, hotel • Commercia • Pay cable • Pay cable-a • Fire protect • Burglar prot Other services • Reconnect	on-residential I Idd'I channel ion rection	RATE		JRY OF SERVICE	RAT		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	12.99 39.99	Installation: N • Motel, hotel • Commercia • Pay cable • Pay cable-a • Fire protect • Burglar prof Other services • Reconnect • Disconnect	on-residential I Idd'I channel ion iection ::	30.00		JRY OF SERVICE	RAT		
	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)	12.99 39.99	Installation: N • Motel, hotel • Commercia • Pay cable • Pay cable-a • Fire protect • Burglar prot Other services • Reconnect	on-residential I Idd'I channel ion rection :: ation			JRY OF SERVICE	RAT		

ccounting Period:	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	FAIRFIELD COMMUN	ICATIONS INC 004604		4604
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a <b>Substitute Basis Stations</b> 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 a basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these term	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination I d with a station according to its over-the	t (1) stations carried only on a part-ti- he carriage of certain network progra 31(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	levision stations) me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast).
	FCC. For Mexican or Canar	4. LOCATION OF STATION		
	WIS	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	COLUMBIA, SC
	WIS-2	10.1	N-M	COLUMBIA, SC
Add Rows as Necessary	WIS-3	10.2	N-M	COLUMBIA, SC
	WLTX	15	N M	COLUMBIA, SC
	WLTX-2	15.1	<u>N-M</u>	COLUMBIA, SC
	WOLO	7	N	COLUMBIA, SC
	WOLO-2 WACH	7.1	<u>N-M</u>	COLUMBIA, SC COLUMBIA, SC
		-		
	WZRB WKTC	25		COLUMBIA, SC
		31		SUMTER, SC
	WKTC-2	31.1	I-M	SUMTER, SC
	WKTC-3	31.2	I-M	SUMTER, SC
	WRLK	33	E	COLUMBIA, SC

EGAL NAME O			NS INC 004604					SYSTEM II 46
	st every radio s	station ca	arried on a separate and discronnerally receivable by your cab					Н
eceivable if (1) on the basis of or detailed infi- paper SA1-2 fo Column 1: Io Column 2: S Column 3: If ignal, indicate Column 4: C	) it is carried b monitoring, to ormation abou orm. dentify the cal State whether f the radio stat this by placin Give the statio	y the sys be recein at the Co l sign of o the static tion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he 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 leneral in eparate :	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				OALL OIGH	ANIOTIM	0/0		
VRBK	AM	X	RICHBURG, SC					
	+							
	<u> </u>							
		]						
	+							
				Γ				
							·	
						·		

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	FAIRFIELD COMMUNI	CATIONS	INC 004604	4				4604
	SUBSTITUTE CARRIAG							
1		-	-					
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					ne general in			
Special	1. SPECIAL STATEMEN	-				4		
Statement and	<ul> <li>During the accounting per</li> </ul>	-	ur cable syster	m carry, on a substitute ba	isis, any noni	network tei	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs	titute progra	am on a separ	ate line. Use abbreviation	s wherever p	ossible, if t	heir meaning	g is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			Lot op come progra		enampie, i	2010 200)	
				er "Yes." Otherwise enter				
				asting the substitute prog				
	Column 4: Give the broat the case of Mexican or Car			the community to which th			the FCC or,	IN
				stem carried the substitute			ls with the r	month
	first. Example: for May 7 gi		When you by		program o			
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes.	. Example: a	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m	n. should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n waa aubatitutad far nrag	ransming that	t vour ovet		vino d
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		, ,					
								T
						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		TIMES — TO	DELETION
							_	
							_	
							_	
							_	
							_	
							-	
							_	
						[		
							_	
							_	
								1
							_	
							_	
								1

Accounting Period:	2019/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FAIRFIELD COMMUNICATIONS INC 004604			S	YSTEM ID# 4604
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s: (as identified in space E) during the accounting period. For a further explanation 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	ystem's se on of how to	condary transm o compute this a	ission service amount, see	8,092.80 pss receipts)
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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	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				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K		188,092.80		
	3. Subtract line 2 from line 1	\$	75,707.20		
	4. Enter the amount of gross receipts from space K			88,092.80	
	5. Enter the amount from line 3			75,707.20	
	6. Subtract line 5 from line 4		<b>\$</b> 1	12,385.60	
	7. Multiply line 6 by .005 (enter figure here)			\$	561.93
	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		\$	561.93
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	less than \$527,	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)				
	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 DU	E			
Filian Francis					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	561.93	
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			\$	581.93
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: DMMUNICATIONS INC 004	604			SYSTEM ID# 4604
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	s, and (2) the cable system's to Il number of channels on which I television broadcast stations Il number of activated channels able system carried television	otal number of n the cable s broadcast stati	which the cable system carried a	accounting period.	13 130
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accourt		FION IS NEEDED (Identify an i	ndividual to whom	
for Further Information	Name	AUTUMN CASTLES			Telephone	803-581-9148
	Address	P.O. BOX 160 (Number, street, rural route, apartr CHESTER, SC 29706 (City, town, state, zip)		cer)		
	Email	ACASTLES@T	RUVISTA.BIZ		Fax (optional)	
O Certification	I, the undersign     (Own     (Ager     in     X     (Offic     in     · I have examine	ned, hereby certify that (Check of er other than corporation or p nt of owner other than corpora line 1 of space B and that the o cer or partner) I am an officer ( line 1 of space B. d the statement of account and te, and correct to the best of my	one, <i>but only one</i> partnership) I an ation or partner owner is not a co if a corporation) hereby declare v knowledge, inf	n the owner of the cable system <b>rship)</b> I am the duly authorized a	as identified in line 1 of space agent of the owner of the cable the legal entity identified as ov	system as identified vner of the cable system
		Typed or printed Title:	Enter an electri Enter signature	nothy A. Geyer		
		(Title of of Date:	fficial position held	in corporation or partnership)	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.

unting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
RFIELD COMMUNICATIONS INC 004604	460
<ul> <li>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."     </li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* 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.	
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.	
** 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	
** 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.	
<ul> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>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.</li> <li>Owner</li> <li>Address</li> </ul>	
<ul> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>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.</li> <li>Owner</li> </ul>	

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