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

STATEMEN		FOR COPYRIGH	Return completed workbook by email to:		
	T OF ACCOUNT Transmissions by	DATE RECEIVED	AMOUNT	-	
Cable Systems		DATE RECEIVED	AMOONT	<u>coplicsoa@copyright.gov</u>	
General instructio	. ,	00/00/0000	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:	
in the first tab of t		02/28/2020	ALLOCATION NUMBER	Tel: (202) 707-8150	
			ALLOOMINGINIDER	-	
A A	CCOUNTING PERIOD COVERED B	BY THIS STATEMENT: (YY	YY/(Period))		
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	20192	Barcode Data Filing Period (optional	- see instructions)		
Accounting Period					
	Instructions:				
В	Give the full legal name of the owner of the of the subsidiary, not that of the parent co		liary of another corporation, give the full cor	porate title	
Owner	List any other name or names under which	the owner conducts the business of th	e cable system.		
			ne last day of the accounting period should si	ubmit a	
	single statement of account and royalty fee				
	Check here if this is the system's first filing.	If not, enter the system's ID number a	ssigned by the Licensing Division.	006212	
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM			
	CEQUEL COMMUNICATIONS LLC				
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)			
	SUDDENLINK COMMUNICATIONS				
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
	3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite nu	mber)			
	TYLER, TX 75701 (City, town, state, zip)				
	STRUCTIONS: In line 1, give any busine ames already appear in space B. In line 2				
System	IDENTIFICATION OF CABLE SYSTEM:				
	¹ STUTTGART, AR				
	MAILING ADDRESS OF CABLE SYSTEM:				
	2 (Number, street, rural route, apartment, or suite nu				
	- (number, street, rurai route, apartment, or suite nu	iniber)			
<u> </u>	(City, town, state, zip code)				
Privacy Act Notice: Se	ection 111 of title 17 of the United States Code auti	norizes the Copyright Offce to collect the	e personally identifying information (PII) reques	sted 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 it 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	CEQUEL COMMUNICATIONS LLC	00621
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single, It you list will serve as a form of system identification hereafter know ngs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	STUTTGART	AR
Community		
d Rows as Necessary		

									I-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS		
	CEQUEL COMMUNICAT	IONS LLC							00621	
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND RA	TES					
E	In General: The information in s	•		-		•				
. .	system, that is, the retransmission									
Secondary Transmission	about other services (including particular about other services (including particular about the second particular						those exis	ting on the		
Service: Sub-	Number of Subscribers: Bot						ble systen	n, broken		
scribers and	down by categories of secondar	, y transmission	service.	In general, you	ı can con	npute the number	er of subso	ribers in		
Rates	each category by counting the n							s charged		
	separately for the particular serv Rate: Give the standard rate of							ae and the		
	unit in which it is generally billed									
	category, but do not include disc				ry standa		is within a			
	Block 1: In the left-hand block				es of sec	ondary transmis	ssion servi	ce that cable		
	systems most commonly provide							0,		
	that applies to your system. Not categories, that person or entity			-		-				
	subscriber who pays extra for ca						•			
	first set" and would be counted of									
	Block 2: If your cable system	Ũ		-						
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A tw	o- or thre	e-word descript	ion of the	service is		
	BLOCK 1						BLOC	< 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:	CODCOLUD	LITO	TUTE	0/11		(IIIOE	CODOCIADEIRO	TUTE	
	Service to first set		995	34.99						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		57	34.99						
	Converter									
	Residential									
	Non-residential									
			ľ						T	
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	;					
F	In General: Space F calls for ra		,		•	• •				
•	not covered in space E, that is, t service for a single fee. There a									
Services	furnished at cost or (2) services		,		0		0 (,		
Other Than	amount of the charge and the ur	nit in which it is	usually	billed. If any rat	es are ch	narged on a vari	able per-p	rogram basis,		
Secondary	enter only the letters "PP" in the									
ransmissions: Rates	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									
Nates	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	CATEG	ORY OF SERV	'ICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:		Installa	tion: Non-resid	dential					
	• Pay cable	19.00	• Mot	el, hotel						
	 Pay cable—add'l channel 	19.00	• Con	nmercial						
	Fire protection		• Pay	cable						
	 Burglar protection 		• Pay	cable-add'l cha	annel					
	Installation: Residential			protection						
	First set	99.00	• Burę	glar protection						
		25.00	Other s	ervices:						
	 Additional set(s) 	25.00								
	Additional set(s)FM radio (if separate rate)	25.00	• Rec	onnect		40.00				
	()	25:00		onnect connect		40.00				
	• FM radio (if separate rate)	23.00	• Disc			40.00 25.00				

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC			006
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(d 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 a	also in space I, if the station was carried l	 stations carried only on a part carriage of certain network prog (e)(2) and (4))]; and (2) certain st ried by your cable system on a si Special Statement and Program both on a substitute basis and all 	t-time basis under grams [sections tations carried on a ubstitute program n Log)—if the so on some other
	Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	on concerning substitute basis stations, so n's call sign. <i>Do not</i> report origination pro- d with a station according to its over-the- athe form. el number the FCC assigned to the televi /RC is channel 4 in Washington, D.C. n case whether the station is a network st ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th dian stations, if any, give the name of the	ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting ove ation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. ne community to which the station	SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M" itional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARK-1	4	N	LITTLE ROCK, AR
	KARK-2	4.2	I-M	LITTLE ROCK, AR
Rows as Necessary	KARK-3	4.3	I-M	LITTLE ROCK, AR
	KARK-HD1	4	N-M	LITTLE ROCK, AR
	KARZ-1	42	l	LITTLE ROCK, AR
	KARZ-2	42.2	I-M	LITTLE ROCK, AR
	KARZ-HD1	42	I-M	LITTLE ROCK, AR
	KASN-1	38	I	PINE BLUFF, AR
	KASN-HD1	38	I-M	PINE BLUFF, AR
	KATV-1	7	N	LITTLE ROCK, AR
	KATV-2	7.2	I-M	LITTLE ROCK, AR
	KATV-3	7.3	I-M	LITTLE ROCK, AR
	KATV-HD1	7	N-M	LITTLE ROCK, AR
	KETS-1	2	E	LITTLE ROCK, AR
	KETS-2	2.2	E-M	LITTLE ROCK, AR
	1		E-M	LITTLE ROCK, AR
	KETS-3	2.3	- 171	
	KETS-3 KETS-4	2.3 2.4	E-M	LITTLE ROCK, AR
	KETS-4	2.4	E-M	LITTLE ROCK, AR
	KETS-4 KETS-HD1	2.4 2	E-M E-M	LITTLE ROCK, AR LITTLE ROCK, AR
	KETS-4 KETS-HD1 KKAP-1	2.4 2 36	E-M E-M E	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR
	KETS-4 KETS-HD1 KKAP-1 KLRT-1	2.4 2 36 16	E-M E-M E	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR
	KETS-4 KETS-HD1 KKAP-1 KLRT-1 KLRT-HD1	2.4 2 36 16 16	E-M E-M E I I	LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR

ounting Period:	2019/2			FORM SA1-2E. PAGE					
Nomo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II					
Name	CEQUEL COMMUNIC	ATIONS LLC		0062					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
Primary Transmitters:	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a								
Television		s explained in the next paragraph. : With respect to any distant stations c	arried bv your cable system on a s	ubstitute program					
10101101011	basis under specific FCC ru	iles, regulations, or authorizations:							
		e in space G—but do list it in space I (t	he Special Statement and Program	າ Log)—if the					
	station was carried <i>only</i> on	a substitute basis. also in space I, if the station was carrie	ad both on a substitute basis and al	as an asma other					
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each								
	multicast stream associated with a station according to its over-the-air designation. For example, report multistream								
	"WETA-2" as the same on the form.								
		Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.							
		Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial							
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"								
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).								
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the								
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KTHV-4	11.4	I-M	LITTLE ROCK, AR					
	KTHV-HD1	11	N-M	LITTLE ROCK, AR					
	KVTN-1	25	I	PINE BLUFF, AR					
	KVTN-HD1	25	I-M	PINE BLUFF, AR					

LEGAL NAME OF								SYSTEM 0062
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eccivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	/ the sys be recei t the Co sign of e he statio on's sign a check i's locatio	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. on is AM or FM. nal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 anna, during c ge (v) of the g ystem as a se sed by the FC	?) it can l ertain st eneral ir eparate a	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	
						 		

Accounting Perio	od: 2019/2						FORM	A SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	ATIONS L	LC					006212			
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G						
I I		-	-			tion that v	our cable svs	tem carried on a			
-	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further										
Substitute	explanation of the programn	xplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMEN	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	• During the accounting pe	riod, did yo	ur cable syster	m carry, on a substitute ba	isis, any nonr	network tel	evision prog	ram			
Statement and Program Log	broadcast by a distant sta						YES	× NO			
r rogram Log			, reat of this no	an blank If your analyses	- "Vee " veu		-				
	Note: If your answer is "No log in block 2.	, leave the	e rest or triis pa	age blank. If your answer is	s res, your	nust comp	nete the prog	jrani			
	2. LOG OF SUBSTITUT	E PROGR	AMS								
	In General: List each subs				s wherever p	ossible, if t	their 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 catego										
	"NBA Basketball: 76ers vs.					•					
				er "Yes." Otherwise enter							
				casting the substitute prog the community to which th		concod by	the ECC or	in			
	the case of Mexican or Car										
	Column 5: Give the more	nth and day		stem carried the substitute			lls, with the n	nonth			
	first. Example: for May 7 gi										
				ogram was carried by you				ately			
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ned by a system from 6.0	1:15 p.m. to o	.26:30 p.n	n. should be				
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syst	em was <i>requ</i>	ired			
	to delete under FCC rules							ogram			
	was substituted for program	•	your system w	as permitted to delete und	ler FCC rules	and regu	lations in				
	effect on October 19, 1976	•									
				_		N SUBST					
			E PROGRAM	1	5. MONTH	AGE OCC		7. REASON FOR DELETION			
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то				
							_				
							_				
							_				
							_				
							_				
							_				
							_				
							_				
1											
							_				

Accounting Period:	2019/2 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID CEQUEL COMMUNICATIONS LLC 00621
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.
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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 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 this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	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 \$ 261,941.83
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 261,941.83
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here) \$ 1,300.42
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 1,300.42
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but 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) \$ 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	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 1,300.42
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 \$ 1,320.42
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 006212
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 on which the cable system carried television broadcast stations . and nonbroadcast services .	28 195
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name SARAH BOGUE Telephone	(903) 579-3121
Information	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
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, <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 (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 hereia 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)] 	system as identified vner of the cable system
	Image: A standard	-

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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	00621
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 Statement Concerning Gross
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 Exclusion
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	-
I	
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 Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
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	
(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@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
Auless	
ID number	

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 th 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.