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

STATEME	тит	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:					
-		ansmissions by	DATE RECEIVED	AMOUNT	-				
Cable Syste		2	5/112/1202/125		<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
General instru	•		00/00/0000	\$					
in the first tab	of this	workbook	02/28/2020	ALLOCATION NUMBER					
					1				
Α	ACC	OUNTING PERIOD COVERED B	BY THIS STATEMENT: (Y)	/YY/(Period))					
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		20192	Barcode Data Filing Period (optiona	I - see instructions)					
		20192							
Accounting Period									
	-	Instructions:							
В				idiary of another corporation, give the full co	rporate title				
Owner		List any other name or names under which	the owner conducts the business of t	he cable system.					
		If there were different owners during the a single statement of account and royalty fee		the last day of the accounting period should s	submit a				
					007511				
		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						
		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	imber)						
		(City, town, state, zip)							
С				ntify the business and operation of the e system, if different from the address					
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		PECOS, TX							
	1	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)								
		(City, town, state, zip code)							
-				e personally identifying information (PII) reque trace an individual, such as name, address an					

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.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	00751
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporate	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	ou list will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filing).
A.r.o.a	Note: Entities and properties such as hotels, apartments, condominiums, or mot	ile home parks should be reported in parentheses below the
Area Served	identified city.	
Jeiveu		
	CITY OR TOWN	STATE
First	PECOS	ТХ
Community	REEVES COUNTY (PORTION)	TX
-		
Add Rows as Necessary		
du Rows as necessary		

								FORM SA1	-		
Name	LEGAL NAME OF OWNER OF C/	SYSTEM ID 00751									
	CEQUEL COMMUNICATIONS LLC										
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND RA	TES						
E	In General: The information in s					y transmission	service of	the cable			
	system, that is, the retransmission										
Secondary Transmission	about other services (including plast day of the accounting period						those exis	ting on the			
Service: Sub-	Number of Subscribers: Both						ble svsten	n, broken			
scribers and	down by categories of secondar						,	,			
Rates	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										
	category, but do not include disc				y Stanua		5 within a	particular rate			
	Block 1: In the left-hand block				es of sec	ondary transmis	sion 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										
						service that are	different	from those			
	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 a	and rates, in th	e right-h	and block. A two	o- or thre	e-word descript	ion of the	service is			
	sufficient.	DCK 1					BLOC	< 2			
		NO. OF						NO. OF			
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI		
	Service to first set		810	24.00							
			010	34.99							
	 Service to additional set(s) FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		38	24.00							
	Converter		30	34.99							
	Residential										
	Non-residential										
	- Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES							
-	In General: Space F calls for ra					Il your cable sys	stem's ser	vices that were			
F	not covered in space E, that is, t										
0	service for a single fee. There are		,		,		0 (,			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur										
Secondary	enter only the letters "PP" in the		actually	billou: If any fac				ingram baolo,			
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	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.										
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERV		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE		
	Continuing Services:	NATE		tion: Non-resid		RATE	CATEG	ORT OF SERVICE	NATE		
	Pay cable	19.00		el, hotel	ential						
	• Pay cable—add'l channel	19.00		nmercial							
	Fire protection			cable							
	•Burglar protection		-	cable-add'l cha	nnel						
	Installation: Residential		-	protection							
	• First set	99.00		glar protection							
	Additional set(s)	25.00		ervices:							
	• FM radio (if separate rate)	20.00		onnect		40.00					
	• Converter			connect		-9.00					
						25.00					
				let relocation	29	25.00 99.00					

•• ••	LEGAL NAME OF OWNER C	JF CABLE SYSTEM:		SYST				
Name	CEQUEL COMMUNIC			0				
	PRIMARY TRANSMITTERS:	: TELEVISION						
G Primary nsmitters: elevision	 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 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 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G— but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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, multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). F							
	1. CALL SIGN	4. LOCATION OF STATION						
	KMID-1	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	MIDLAND, TX				
	KMID-HD1	2	N-M	MIDLAND, TX				
ows as Necessary	KMLM-1	42	I	ODESSA, TX				
10000	KOSA-1	7	N	ODESSA, TX				
	KOSA-2	7.2	I-M	ODESSA, TX				
	KOSA-HD1	7	N-M	ODESSA, TX				
	KOSA-HD1 KOSA-HD2	7.2	I-M	ODESSA, TX				
	KPBT-1	36	E	ODESSA, TX ODESSA, TX				
	KPBT-HD1	36	E-M	ODESSA, TX ODESSA, TX				
	KFBI-IIUI		L-1V1	UDESSA, IA				
	VDE I 4	24	1	ODECCA TY				
	KPEJ-1	24	I	ODESSA, TX				
	KPEJ-HD1	24	I I-M	ODESSA, TX				
	KPEJ-HD1 KTLE-5	24 7.5	I-M	ODESSA, TX ODESSA, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5	24 7.5 7.5	I-M I-M	ODESSA, TX ODESSA, TX ODESSA, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5 KUPB-1	24 7.5 7.5 18	I-M I-M I	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5 KUPB-1 KUPB-HD1	24 7.5 7.5 18 18	I-M I-M I I-M	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX MIDLAND, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5 KUPB-1 KUPB-HD1 KWES-1	24 7.5 7.5 18 18 9	I-M I-M I I-M N	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX MIDLAND, TX ODESSA, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5 KUPB-1 KUPB-HD1	24 7.5 7.5 18 18	I-M I-M I I-M	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX MIDLAND, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5 KUPB-1 KUPB-HD1 KWES-1	24 7.5 7.5 18 18 9	I-M I-M I I-M N	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX MIDLAND, TX ODESSA, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5 KUPB-1 KUPB-HD1 KWES-1	24 7.5 7.5 18 18 9	I-M I-M I I-M N	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX MIDLAND, TX ODESSA, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5 KUPB-1 KUPB-HD1 KWES-1	24 7.5 7.5 18 18 9	I-M I-M I I-M N	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX MIDLAND, TX ODESSA, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5 KUPB-1 KUPB-HD1 KWES-1	24 7.5 7.5 18 18 9	I-M I-M I I-M N	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX MIDLAND, TX ODESSA, TX				

LEGAL NAME OF								SYSTEM I 0075
	every radio s	tation ca	arried on a separate and discre					н
Special Instruct eceivable if (1) on the basis of it For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	tions Concernities carried by monitoring, to by monitoring, to by monitor about m. In the call tate whether the radio statist the radio statist this by placing ive the station	rning All y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on the each station carried. In is AM or FM. nal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office re t the system's he system's FM ante his point, see page ed by the cable s e station is licens	egulations, an adend, and (2 mna, during co ge (v) of the g ystem as a se sed by the FC	FM sign) it can l ertain st eneral ir eparate a	nal is generally be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
	AM or EM	<u>e/D</u>		CALL SIGN	AM or FM	8/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	
			·					
			·					

Accounting Perio	od: 2019/2						FORM	I SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	ATIONS L	LC.					007511			
	SUBSTITUTE CARRIAG		AI STATEME		G						
1		-	-			tion that w		tom corriad on a			
•	In General: In space I, ident substitute basis during the a										
Substitute	explanation of the program	•••		•							
Carriage:	1. SPECIAL STATEMEN	-			<u> </u>						
Special				m carry, on a substitute ba	eie anv nonr	otwork to	levision prog	am			
Statement and			ui cable syster	in carry, on a substitute ba	515, any nom						
Program Log	broadcast by a distant sta	ition?					YES	X NO			
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust comp	olete the prog	Iram			
	log in block 2.										
	2. LOG OF SUBSTITUT			ata lina. Llas abbraviation		aaibla if	their meening	. ia			
	In General: List each subs clear. If you need more spa				s wherever po	ossidie, it i	ineir meaning	g is			
				vision program ("substitute	e program") ti	nat. durinc	the account	ina			
	period, was broadcast by a										
	under certain FCC rules, re										
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or			
	"NBA Basketball: 76ers vs.		depet live ant	ar "Vaa " Othanuiga antar (No."						
				er "Yes." Otherwise enter ' casting the substitute progr							
				the community to which th		ensed by	the FCC or,	in			
	the case of Mexican or Car)				
			/ when your sy	stem carried the substitute	e program. Us	se numera	als, with the n	nonth			
	first. Example: for May 7 gi										
	to the nearest five minutes			ogram was carried by you				ately			
	stated as "6:00–6:30 p.m."	. Example.	a program car	ned by a system nom 0.01	. 15 p.m. to o	.20.30 p.n					
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	your syst	em was <i>requ</i>	ired			
	to delete under FCC rules										
	was substituted for program	0	your system w	as permitted to delete und	ler FCC rules	and regu	lations in				
	effect on October 19, 1976	effect on October 19, 1976.									
			WHE	N SUBST	ITUTE						
	S	UBSTITUT	E PROGRAM	1	CARRIAGE OCCURRED 7 F			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			
		163 01 140	CALL SIGN	4. STATIONS ECCATION		TROW	_ 10				
							_				
							<u> </u>				
					 	·					
						·					
					·····						

Accounting Period:	2019/2 FORM	I SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 007511
K Gross Receipts		vice
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-mont accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	h 0.00
	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 \$ 211,725.11	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 211,725.11	_
	5. Enter the amount from line 3	_
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	798.25
	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	798.25
	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 \$ 263,800.00	
	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	_
	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) \$ 798.25	_
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	-
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	818.25
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyright See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and tab for more information in the paper SA1-2 form and tab for more information in the paper SA1-2 form and tab for more information in the paper SA1-2 form and tab for more information in the paper SA1-2 form and tab for more information in the paper SA1-2 form and tab for m	

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 007511
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 on which the cable system carried television broadcast stations and nonbroadcast services	17 235
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 RODNEY HASKINS	(903) 579-3152
Information	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM 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, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei 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 state of the stat	

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 II
QUEL COMMUNICATIONS LLC	00751
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	P Special Statement Concerning Gross Receipts Exclusion
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?	
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 Assessmen
x	
Line O. Multimbeline A built a interact astart and anter the same base	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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	
· · ·	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	

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