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

			Return completed workbook
STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form) General instructions are located	08/18/20	\$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period	20201 Barcode Data Filing Period (optional - see instructions)
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
	Fidelity Cablevision, LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	CoBridge Broadband, LLC dba Fidelity Communications
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	64 N Clark (Number, street, rural route, apartment, or suite number)
	Sullivan, MO 63080
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal 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	Fidelity Cablevision, LLC	22187
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future fi	lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Thayer	MO
Community	Mammoth Spring	AR
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					513	TEM II 221
	Fidelity Cablevision, LL	.6							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot								
scribers and Rates	down by categories of secondar each category by counting the n	•				•			
Rales	separately for the particular serv		0			•		charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· · ·		,	ny standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of ser	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not			-		-			
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					a in the count u	nder Servi	ce lo lne	
	Block 2: If your cable system	has rate categ	ories fo	r secondary tra	nsmission				
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-l	hand block. A tv	vo- or thre	e-word descript	tion of the	service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI		NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCIUD	LING		CAT		WICL	SUBSCRIBERS	
	Service to first set		244	38.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		3	17.00					
	Commercial		1	14.50					1
	Converter								
	Residential								
	Non-residential								
					•				
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					II vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t	•	,		-	• •			
	service for a single fee. There a	•	,		0		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		dodding	, billou: It ally to				rogram baolo,	
ransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services that				0	•	•		
	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.								
	, , ,	PI O						BLOCK 2	
	CATEGORY OF SERVICE	BLO RATE	1	GORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RA
	Continuing Services:			ation: Non-res					
	• Pay cable	рр	• Mo	otel, hotel		\$80/hr	Tier		56.
	• Pay cable—add'l channel		• Co	mmercial		\$80/hr	Tier		13.
	Fire protection		• Pa	y cable			Digital		12.
	 Burglar protection 		•Pa	y cable-add'l ch	annel		Digital	Tier	7.
	Installation: Residential			e protection					
		\$80/hr	• Bu	rglar protection					
	• First set								
	 Additional set(s) 			services:					
	• Additional set(s) • FM radio (if separate rate)		•Re	connect		\$25			
	 Additional set(s) 		• Re • Dis	connect		\$25			
	• Additional set(s) • FM radio (if separate rate)		• Re • Dis • Ou	connect		\$25			

-				SYST
Name	LEGAL NAME OF OWNER C			5151
	Fidelity Cablevision,			
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC (• Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on	lentify every television station (including em 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 as explained in the next paragraph. s: With respect to any distant stations c: rules, regulations, or authorizations: re in space G—but do list it in space I (t n a substitute basis. also in space I, if the station was carrie ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ad with a station according to its over-the	<i>t</i> (1) stations carried only on a par he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain s arried by your cable system on a s he Special Statement and Program d both on a substitute basis and al see page (v) of the general instru program services such as HBO, Es e-air designation. For example, re	t-time basis under grams [sections tations carried on a substitute program n Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream
	Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the location	WRC is channel 4 in Washington, D.C. th case whether the station is a network tering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of t	(for network multicast), "I" (for inde or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the static	ependent), "I-M" ational multicast). on is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	K38HE	38.1	I	WEST PLAINS, MO
	KAIT	8.1	N	JONESBORO, AR
d Rows as Necessary	KOLR	10.1	Ν	SPRINGFIELD, MO
	KOZK	21.1	Е	SPRINGFIELD, MO
	KOZL	27.1	l	SPRINGFIELD, MO
	KOZL-DT2	27.2	I-M	SPRINGFIELD, MO
	KOZL-DT3	27.3	I-M	SPRINGFIELD, MO
	KRBK	49.1	N	OSAGE BEACH, MO
	KRBK-DT2	49.2	I-M	OSAGE BEACH, MO
	KRBK-DT3	49.3	I-M	OSAGE BEACH, MO
	KSPR			
	KSPR-DT2	33.1	N	SPRINGFIELD, MO
		33.2	I-M	SPRINGFIELD, MO
		3.1	N	SPRINGFIELD, MO
	KYCW-DT2	3.2	I-M	SPRINGFIELD, MO

Fidelity Cab	levision, Ll	LC					T	221
	t every radio s	station ca	rried on a separate and discre					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein the Co sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process 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 par ed by the cable s le station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	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							FORM	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Fidelity Cablevision, L	LC						22187
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			ition that v	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions in	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	×NO
	-		reat of this no	an blonk if your ensurer i	"Vee" veu	-	-	
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer is	s res, you	must comp	lete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossihle ift	heir meanin	n is
	clear. If you need more spa				s wherever p	0001010, 11 1	nen meanny	y 10
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			etball. List specific progra		example, i	LOVE LUCY	01
			dcast live, ent	er "Yes." Otherwise enter '	"No."			
				asting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			ls with the n	nonth
	first. Example: for May 7 gi		when your sy		program. o	se numera		nontin
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accura	ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m	n. should be	-
	stated as "6:00–6:30 p.m."	or"D"iftho	listed program	n was substituted for prog	remained the	t vour ovet		uire d
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		, ,	I		5		
	s	UBSTITUT	E PROGRAM	1		N SUBST		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	1		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							<u> </u>	
							_	
							_	
							_	
							_	
							_	
							_	
1								
					·			

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Fidelity Cablevision, LLC	S	YSTEM ID# 22187
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	5,080.00 ss 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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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.	63,800	
	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 t	his six-mon	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 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,	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 Due	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 informati		nts!

Namo	Accounting Period:	2020/1				FORM SA1-2E. PAGE 7.
M Instructions: You must give (1) the number of channels on which the cable system carried iterition broadcast stations is its stationations: (2) the cable system's table number of channels on which the cable system carried iteritions converted the cable system carried iteritions in the cable system cannel devices the product stations: (2) 2. Ender the table number of channels on which the cable system carried iteritions throadcast stations: (311) N Individual to a double system carried iteritions incadead stations: (311) N Individual to a constrained iterition incadead stations: (311) N Individual to a double system carried iterition incadead stations: (311) N Individual to a double system carried iterition incadead stations: (311) N Individual to a double system carried iterition incadead stations: (311) Norrough and the statement of account). Norrough and the statement of account (311) Norrough and the statement of account (311) <t< th=""><th>Name</th><th></th><th></th><th></th><th></th><th>SYSTEM ID# 22187</th></t<>	Name					SYSTEM ID# 22187
Individual to Be Contacted for Further information Name Melinda Lahmann Telephone 573-468-1216 Adress 64 N Clark Melinda Lahmann Telephone 573-468-1216 Adress 64 N Clark Methods events, experiment, or submanned Melinda, appriment, appriment, or submanned Melinda, appriment, appriment, or submanned Melinda, appriment, appriment, or submanned Melinda, appriment, appriment, appriment, or submanned Melinda, appriment, appriment		Instructions: You to its subscribers, a 1. Enter the total n system carried te 2. Enter the total n on which the cab	and (2) the cable system's to number of channels on which elevision broadcast stations . number of activated channels ble system carried television t	the cable	ing the accounting period.	
Information Address 64 N Clark (Publicly, tools, street, user forder, spectreent, or table surface) Sulfivean, MO 63980 (City, toon, street, up) Email melinda.lahman@fidelitycommunications.com Fax (optional) O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) O • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Commercitient of owner other than corporation or partnership) 1 am the dup authorized agent of the owner of the cable system as identified in line 1 of space B; or Image: Commercitient of account and hereby declare under penalty of law that all statements of fact contained herein are true, complexe, and correct to the best of my knowledge, information, and belief, and are made in good faith. If B U.S.C., Bection 1001(1986)] Image: Certify Liss statement. Enter an electronic signature on the line above to certify this statement. Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ Join Smith) Typed or printed name: Raymond Storeck Title: Vice Pres	Individual to Be Contacted	we can contact ab	out this statement of accoun			
Sullivan, MO 630300 (Cly, tow, sds., go) Email melinda.lahmann@fidelitycommunications.com Fax (optional) O Certification • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 0 • 0 • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 0 • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 0 • 0 <th></th> <th></th> <th></th> <th></th> <th>l elephone</th> <th>573-468-1216</th>					l elephone	573-468-1216
O Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and corporet to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Image: Decision 1001(1986) Image: Decision 1001(1986)			(Number, street, rural route, apartm Sullivan, MO 63080 (City, town, state, zip)		Fax (optional)	
	-	I, the undersigned (Owner of a state of the stat	d, hereby certify that (Check of other than corporation or pro- profowner other than corpora- ne 1 of space B and that the ou- r or partner) I am an officer (if e 1 of space B. the statement of account and I and correct to the best of my o 1001(1986)] Typed or printed Title:	ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable tion or partnership) I am the duly autil wher is not a corporation or partnership f a corporation) or a partner (if a partner hereby declare under penalty of law that knowledge, information, and belief, an X /s/ Raymond Storck Enter an electronic signature on the line Enter signature using an "/s/ signature" name: Raymond Storck Vice President Finance	e system as identified in line 1 of space norized agent of the owner of the cable y; or at all statements of fact contained here d are made in good faith.	B; or system as identified wner of the cable system
Date: 8/18/20			Date:		8/18/20	

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.

	FORM SA1-2E. PAGE
BAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
lelity Cablevision, LLC	2218
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	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 Assessmen
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	-
x days 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 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 - - 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	-
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 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.	-
x	-
x	
x	
x	
x	

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.