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 COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
9/1/2020	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

#### coplicsoa@copyright.gov

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

A	ACCOUNTING PER	DD COVERED BY THIS STA	TEMENT: (YY	YY/(Period))	
	2020/1	Period 1 = Januar	y 1 - June 30	Period 2 = July 1 - December 31	
		20201 Barcode Data Filir	ng Period (optional	see instructions)	
Accounting Period					
	Lundon all an ac				
В	-	ne of the owner of the cable system. If t that of the parent corporation.	the owner is a subsid	iary of another corporation, give the full corporat	e title
Owner	List any other name	or names under which the owner conduc	ts the business of th	e cable system.	
		nt owners during the accounting period, occount and royalty fee payment covering		ne last day of the accounting period should submiting period.	a
	Check here if this is	ne system's first filing. If not, enter the sy	ystem's ID number a	ssigned by the Licensing Division.	032764
	LEGAL NAME (	OWNER/MAILING ADDRESS OF C	CABLE SYSTEM		
	CEQUEL COMMI	NICATIONS LLC			
	BUSINESS NAM	S) OF OWNER OF CABLE SYSTEM	(IF DIFFERENT)		
	SUDDENLINK CO	MMUNICATIONS			
	MAILING ADDRE	S OF OWNER OF CABLE SYSTEM	1		
	3015 S SE LO (Number, street, rural r	OP 323  Ite, apartment, or suite number)			
	TYLER, TX 7	701			
С				ify the business and operation of the system, if different from the address give	
System	, IDENTIFICATION C	CABLE SYSTEM:			
	ONALASKA,	тх			
	MAILING ADDRES	OF CABLE SYSTEM:			
	2 (Number street rural r	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(Number, street, rural r	ite, apartment, or suite number)			
	(City, town, state, zip c	le)			

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 suffciency of the fling, a determination that would be made by a court of law.

	2004							
Accounting Period:	2020/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	032764						
	Instructions: List each separate community served by the cable system. A "c							
<b>D</b>	"a separate and distinct community or municipal entity (including unincorpo							
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	ONALASKA	TX						
Community	COLD SPRINGS	TX						
	POINT BLANK	<b>TX</b>						
Add Rows as Necessary	SHEPARD	TX						

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

CEQUEL COMMUNICATIONS LLC

8YSTEM ID# 032764

## Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**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 and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,923	34.99				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	42	45.95				
Converter						
Residential						
Non-residential						

# F

#### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**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 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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	99.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	25.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	40.00		
• Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	99.00		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 032764

#### **CEQUEL COMMUNICATIONS LLC**

PRIMARY TRANSMITTERS: TELEVISION

G

#### Primary Transmitters: Television

**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, *except* (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. *Do not* 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCTL-1	25	<u> </u>	LIVINGSTON, TX
KETH-1	14	<u> </u>	HOUSTON, TX
KETH-HD1	14	I-M	HOUSTON, TX
KFTH-1	67	1	ALVIN, TX
KFTH-HD1	67	I-M	ALVIN, TX
KHOU-1	11	N	HOUSTON, TX
KHOU-2	11.2	I-M	HOUSTON, TX
KHOU-3	11.3	I-M	HOUSTON, TX
KHOU-HD1	11	N-M	HOUSTON, TX
KIAH-1	39	1	HOUSTON, TX
KIAH-2	39.2	I-M	HOUSTON, TX
KIAH-HD1	39	I-M	HOUSTON, TX
KLTJ-1	22	Е	GALVESTON, TX
KPRC-1	2	N	HOUSTON, TX
KPRC-3	2.2	I-M	HOUSTON, TX
KPRC-HD1	2.3	N-M	HOUSTON, TX
KPRC-THIS	2	I-M	HOUSTON, TX
КРХВ-1	49	1	CONROE, TX
KPXB-HD1	49	I-M	CONROE, TX
KRIV-1	26	1	HOUSTON, TX
KRIV-HD1	26	I-M	HOUSTON, TX
KTBU-1	55	1	CONROE, TX
KTMD-1	47	1	GALVESTON, TX
KTMD-2	47.2	I-M	GALVESTON, TX

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 032764

#### **CEQUEL COMMUNICATIONS LLC**

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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, *except* (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. *Do not* 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
KTMD-HD1	47	I-M	GALVESTON, TX
KTRK-1	13	N	HOUSTON, TX
KTRK-2	13.3	I-M	HOUSTON, TX
KTRK-3	13	I-M	HOUSTON, TX
KTRK-HD1	13.2	N-M	HOUSTON, TX
KTXH-1	20	l	HOUSTON, TX
KTXH-2	20.2	I-M	HOUSTON, TX
KTXH-4	20.4	I-M	HOUSTON, TX
KTXH-HD1	20	I-M	HOUSTON, TX
KUBE-1	57	l	BAYTOWN, TX
KUHT-1	8	E	HOUSTON, TX
KUHT-2	8.2	E-M	HOUSTON, TX
KUHT-3	8.3	E-M	HOUSTON, TX
KUHT-HD1	8	E-M	HOUSTON, TX
KXLN-1	45	l	ROSENBERG, TX
KXLN-HD1	45	I-M	ROSENBERG, TX
KYAZ-1	51	l	KATY, TX
KZJL-1	61	l	HOUSTON, TX
KZJL-HD1	61	I-M	HOUSTON, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **CEQUEL COMMUNICATIONS LLC**

032764

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<b></b>						
	<b></b>						
	<del> </del>						
	<del> </del>						
	<b></b>						
	<b></b>						
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	T						
	T						
						<u> </u>	

Assouration David	.d. 2020/1						FORM CA4 OF DAGE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FORM SA1-2E. PAGE 5.  SYSTEM ID#
Name							032764
Substitute Carriage: Special Statement and Program Log	Substitute Carriage: Special tatement and CEQUEL COMMUNICATIONS LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that you substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in the special tatement and the programming period, did your cable system carry, on a substitute basis, any nonnetwork televations.						
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulati nming that y	ions in effect d		ed; enter the I	etter "P" if the liste	n program
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCURREI	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	DELETION

Accounting Period:	2020/1			FORM S	SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC			•	032764				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's s tion of how	econdary trans to compute this	mission servi					
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more selected.	0 but less th information.	an \$527,60(	\$263,800					
	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				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I	ines 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	re than \$137,1	00)					
	Base amount under statutory formula	. \$	263,800.00						
	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 \$26	3,800 (but I	ess than \$527	600)					
	Enter the amount of gross receipts from space K	. \$	522,520.08						
	2. Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	258,720.08	•					
	4. Multiply line 3 by .01		\$	2,587.20					
	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 .		\$	3,906.20				
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and									
Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,906.20	•				
	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			\$	3,926.20				
	EFT Trace # or TRANSACTION ID #								
	<u>Important:</u> Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the								

Accounting Period:	2020/1				FORM SA1-2E. PAGE 7
Name		VNER OF CABLE SYSTEM: UNICATIONS LLC			SYSTEM ID# 032764
M Channels	to its subscribers,  1. Enter the total n system carried te  2. Enter the total n	and (2) the cable system's tot number of channels on which t	tal numb		43
	and nonbroadcas	st services			301
N Individual to Be Contacted		BE CONTACTED IF FURTHE out this statement of account.		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	RODNEY HASKINS		Telephone	(903) 579-3152
		3015 S SE LOOP 323 (Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)  RODNEY.HASKI			
O Certification	• I, the undersigned  (Owner  (Agent of in line)	I, hereby certify that (Check on- other than corporation or part of owner other than corporation that the owner of space B and that the owner of the space B.	ne, but on artnershi tion or pa	tified and signed in accordance with Copyright Office regulations)  ly one, of the boxes.)  p) I am the owner of the cable system as identified in line 1 of space  artnership) I am the duly authorized agent of the owner of the cable of a corporation or partnership; or  ation) or a partner (if a partnership) of the legal entity identified as o	e B; or e system as identified
	I have examined t	and correct to the best of my k		eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.	èin
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	_
		Typed or printed r	name:	ALAN DANNENBAUM	
		· ·		PROGRAMMING on held in corporation or partnership)	
		Date:		8/14/2020	

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.

counting Period: 2020/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	032764
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."	P Special Statement Concerning Gross Receipts Exclusion
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	
Name Mailing Address Name Mailing Address	
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 Assessment
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	
ID number First community served Accounting period	

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