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

Т

STATEMENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form) General instructions are located in the first tab of this workbook	DATE RECEIVED	AMOUNT \$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	

Accounting Period       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         *20201*       Barcode Data Filing Period (optional - see instructions)         Accounting Period       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. List any other name or names under which the owner conducts the business of the cable system.
Accounting Period Barcode Data Filing Period (optional - see instructions) Barcode Data Filing Period (optional - see instructions) Barcode Data Filing Period (optional - see instructions) Control of the subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Accounting Period  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.
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Period         B       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.
B 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.
B 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.
35396
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
ACTV Broadband BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
Business name(s) of owner of CABLE STSTEM (if Different)
MAILING ADDRESS OF OWNER OF CABLE SYSTEM
PO Box 429
(Number, street, rural route, apartment, or suite number) Sparta, NC 28675
(City, town, state, zip)
<b>C INSTRUCTIONS:</b> 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 1 IDENTIFICATION OF CABLE SYSTEM:
ACTV Broadband, Inc.
MAILING ADDRESS OF CABLE SYSTEM:
2 PO Box 429 (Number, street, rural route, apartment, or suite number)
Sparta, NC 28675
(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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	ACTV Broadband	35396
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobilidentified city.	ile home parks should be reported in parentheses below the
Fired	CITY OR TOWN Sparta	STATE NC
First Community	Sparta	
Add Rows as Necessary		
	านการการการการการการการการการการการการการก	
	านการการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	-2E. PAGE
Name	ACTV Broadband								3539
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the mission separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for cat first set" and would be counted of Block 2: If your cable system	pace E should on of television ay cable) in sp (June 30 or D blocks in space / transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc : Where an ind should be cour ble service to a nce again und has rate catego	cover all and radi ace F, n ecember ce E call service. s in that ndicated h catego 20/mth"). for adval e form lis ribers. G dividual o ted as a additiona er "Servi pries for	categories of s o broadcasts b ot here. All the 31, as the case for the number In general, you category (the r —not the number ry of service. In Summarize an nce payment. the categorie ive the number or organization a subscriber in e al sets would be ce to additional secondary trans	econdary y your sy facts you e may be of subsc can com umber of ser of set clude bo y standar es of sec of subsc s receivi ach appl included set(s)."	stem to subscrit state must be t ). ribers to the cat pute the number persons or org s receiving serv th the amount o d rate variations ondary transmis ribers and rate the ng service that f icable category. in the count un service that are	bers. Give hose existi r of subscr anizations ice). f the charg s within a p sion service for each lis falls under Example: der "Service different fr	information ng on the , broken ibers in charged e and the particular rate ted category different a residential ce to the rom those	
	printed in block 1 (for example, ti with the number of subscribers a sufficient.								
	BLO	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		132	37.00					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
<b>F</b> Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services a amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrib hose services t e two exceptio or facilities furn it in which it is rate column. e charged by th your cable sys separate charg	ber) inform that are r ns: you con ished to usually to the cable stem furm e was m	mation with respect offered in co do not need to g nonsubscribers billed. If any rate system for eac aished or offered ade or establis	ombinatio jive rate i s. Rate in es are ch h of the a d during t	n with any seco nformation cond formation shoul arged on a varia upplicable servic he accounting p	ndary tran cerning (1) d include b able per-pr ces listed. ceriod that	smission services ooth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-resid	tential				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> </ul>			el, hotel nmercial					
	• Fire protection		-	cable					
	•Burglar protection		-	cable-add'l cha	innel				
	Installation: Residential			protection					
	• First set			, glar protection					
	<ul> <li>Additional set(s)</li> </ul>		Other s	ervices:					
	• FM radio (if separate rate)		• Rec	onnect					
			Diac						
	Converter			onnect					
	• Converter		• Outl	connect et relocation re to new addre	ee				

eriod: 2	T			
1		CABLE SYSTEM:		SYSTEM ID#
	ACTV Broadband			35396
y ers: on	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carried n concerning substitute basis stations, r's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-time carriage of certain network program 1(e)(2) and (4))]; and (2) certain static arried by your cable system on a substitute basis and also see page (v) of the general instructio orogram services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a re for network multicast), "I" (for indepen- pr "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	wxii	12	Ν	Winston-Salem, NC
	WXII	12	N	Winston-Salem, NC
	WGHP	8	N	High Point, NC
ry				
1	WGHP	8	N	High Point, NC
əry	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
зry	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
;ary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
sary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
sary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ssary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ssary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ssary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ssary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ssary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ssary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ssary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
255ary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
essary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
cessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
cessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC

Accounting P			(STEM <sup>.</sup>				. 014	I SA1-2E. PAGE
								353 353
								555
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate	it is carried by monitoring, to prmation about m. dentify the call tate whether the radio stat this by placing	y the sys be recein the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under ( stem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	It the system's he system's FM ante this point, see pa this point, see pa sed by the cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	2) it can œrtain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	adian stations		the community with which the			- ,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	ACTV Broadband							35396
	SUBSTITUTE CARRIAG				2			
1	In General: In space I, identi	-	-			ion that you	ır cable evete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev <u>i</u>	<u>sion</u> progran	1
Program Log	broadcast by a distant sta	tion?					YES	× NO
i rogium 20g	Note: If your answer is "No'	' leave the	rest of this pac	e blank. If your answer is "	Yes " vou mi	ist complete	-	
	log in block 2.	, 10010 110	root of the pag		roo, you me	iot complet	o ino progra	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst	itute progra	m on a separa		wherever pos	sible, if thei	ir meaning is	i
	clear. If you need more spa					م ماد سانه مد مام		
	period, was broadcast by a			ision program ("substitute p ur cable system substituted				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for furthe	er information	
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live ente	r "Yes." Otherwise enter "N	lo "			
				sting the substitute program				
				e community to which the			e FCC or, in	
	the case of Mexican or Can			community with which the s tem carried the substitute p			with the mor	ath
	first. Example: for May 7 giv		when your sys			numerais,		
	Column 6: State the time	es when the		gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	hould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period;	enter the let	ter "P" if the	e listed progr	
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulation	ons in	
					<b></b>			1
						N SUBST		
	S					AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	
							_	
							<u> </u>	
							<u> </u>	
							<u> </u>	
							_	
							_	
							_	
1		1	1					1

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ACTV Broadband	SI	STEM ID# 35396
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 transmi (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	<b>,526.00</b> is 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 \$263,800 but less than \$527,600 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	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00 Line 1. Royalty fee for accounting period		<u>52.00</u> 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 \$137,1		52.00
	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		0.00
	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	4 240 20	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>1,319.00</u> 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 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

	2020/1					FORM SA1-2E. PAGE 7
Name	ACTV Broad	F OWNER OF CABLE SYSTEM: Iband				SYSTEM ID# 35396
M Channels	<ol> <li>to its subscribe</li> <li>1. Enter the to system carrie</li> <li>2. Enter the to on which the</li> </ol>	ers, and (2) the cable system' otal number of channels on wh ed television broadcast station otal number of activated chann e cable system carried televisio	s	nnels during the accounting p	eriod.	4 70
N Individual to Be Contacted		TO BE CONTACTED IF FUR t about this statement of acco	HER INFORMATION IS NEED	DED (Identify an individual to v	whom	
for Further Information	Name	Jeff Smith			Telephone 336-91	8-4421
	Address	PO Box 429 (Number, street, rural route, ap	rtmont, or suito numbor)			
		Sparta, NC 28675				
	Email	(City, town, state, zip)		Fax (ont	ional)	
Ο	CERTIFICATIO	<b>N</b> (This statement of account	nust be certified and signed in	accordance with Copyright O	ffice regulations)	
Certification	• I, the undersig	gned, hereby certify that (Check	one, <i>but only one</i> , of the boxes.)	)		
	X (Ow	ner other than corporation or	partnership) I am the owner of t	the cable system as identified in	n line 1 of space B; or	
			ration or partnership) I am the o owner is not a corporation or pa		vner of the cable system as i	dentified
		<b>ficer or partner)</b> I am an officer in line 1 of space B.	(if a corporation) or a partner (if	a partnership) of the legal entit	y identified as owner of the c	able system
	are true, comp		l hereby declare under penalty o y knowledge, information, and b			
			X /s/ Jeff Smith			
			Enter an electronic signature of	on the line above to certify this s ignature" (e.g., /s/ John Smith)	statement.	
		Typed or print	ed name: Jeff Smith			
		Title:	Owner			
		(Title d	f official position held in corporation o	r partnership)		

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 the 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 telephon 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 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 t 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. PA
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEN 35
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 Stateme Concerning Gro
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 Exclusi
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	
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	7.00 Interest Assessm
	7.00 Interest Assessm
x 1%	
x 1%	0.67
x 1%	0.67
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	0.67
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	0.67
Line 2       Multiply line 1 by the interest rate* and enter the sum here	0.67
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	0.67
Line 2       Multiply line 1 by the interest rate* and enter the sum here	0.67
Line 2 Multiply line 1 by the interest rate* and enter the sum here	0.67
Line 2       Multiply line 1 by the interest rate* and enter the sum here	0.67
Line 2       Multiply line 1 by the interest rate* and enter the sum here       x       1%         Line 3       Multiply line 2 by the number of days late and enter the sum here       x       0         Line 3       Multiply line 2 by the number of days late and enter the sum here       x       0         Line 4       Multiply line 3 by 0.00274** and enter here       x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       x       (interest charge)         * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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.	0.67
Line 2       Multiply line 1 by the interest rate* and enter the sum here	0.67
Line 2       Multiply line 1 by the interest rate* and enter the sum here	0.67
Line 2       Multiply line 1 by the interest rate* and enter the sum here	0.67
Line 2       Multiply line 1 by the interest rate* and enter the sum here       x       1%         Line 3       Multiply line 2 by the number of days late and enter the sum here       x       0       day         Line 4       Multiply line 3 by 0.00274** and enter here       x       x       0       day         Line 4       Multiply line 3 by 0.00274** and enter here       x       x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       x       x       0.00274         interest 5       (interest charge)       x       x       1%         * 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       ID number       ID number	0.67
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	0.67

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.