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	ΞΝΤ	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:			
-		ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>		
Cable Syste General instru- in the first tab	ctions	are located	08/12/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACCO	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y	YYY/(Period))			
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
		20201	Barcode Data Filing Period (optiona	I - see instructions)			
Accounting Period							
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		idiary of another corporation, give the full co	rporate title		
Owner		List any other name or names under which	n the owner conducts the business of t	he cable system.			
		If there were different owners during the a single statement of account and royalty fer		the last day of the accounting period should s ting period.	submit a		
		Check here if this is the system's first filing	: If not, enter the system's ID number	assigned by the Licensing Division.	61429		
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM				
		MidlandsNet LLC					
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	)			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
		PO Box 330 (Number, street, rural route, apartment, or suite nu	umber)				
		Remsen, IA 51050 (City, town, state, zip)					
С				ntify the business and operation of the			
System		IDENTIFICATION OF CABLE SYSTEM:		e system, if different from the addres	s given in space B.		
-,	1	MidlandsNet LLC dba Wes1					
		MAILING ADDRESS OF CABLE SYSTEM	:				
	2	(Number, street, rural route, apartment, or suite nu	umber)				
		(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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	MidlandsNet LLC	61429
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single, will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	me parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First Community	Marcus	
Community	Quimby Sutherland/Calumet	A IA
Rows as Necessary	Alton	A
JWS as Necessary	Remsen/Oyens	A

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM II
Name	MidlandsNet LLC	ABLE STSTEM						010	6142
E	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	I (June 30 or D	ecember	r 31, as the ca	se may be	e).		Ū	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n								
Rateo	separately for the particular serv			0,0		•		onargou	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variatior	is within a	particular rate	
	Block 1: In the left-hand block				ies of sec	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	ider Servi		
	Block 2: If your cable system					service that are	e different f	from those	
	printed in block 1 (for example, t					•	,.		
	with the number of subscribers a	and rates, in the	e right-ha	and block. A tw	vo- or thre	e-word descript	tion of the	service is	
	sufficient. BLC	DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТІ	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	SOBSCIUD	LING		0A11		WICE	SOBSCILIBEIKS	
	Service to first set		1,530	24.95	Retran	smission Fe	е		17.
	Service to additional set(s)		-,						
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								1
	Residential								I
	<ul> <li>Non-residential</li> </ul>								
	SERVICES OTHER THAN SEC						staws's asw	viene that were	
F	In General: Space F calls for rain not covered in space E, that is, t	•			-	• •			
	service for a single fee. There are					,	,		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually I	billed. If any ra	ites are ch	narged on a var	iable per-p	rogram basis,	
ransmissions:			the cable	system for ea	ch of the	applicable servi	ces listed.		
Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> 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) descrip	otion and includ	de the ra	te for each.			T		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			tion: Non-resi	dential				
	• Pay cable			el, hotel					
	Pay cable—add'l channel     Fire protection	Commercial							
	Fire protection		• Pay		oppel				
	•Burglar protection		Pay cable-add'l (     Fire protection						
		\$25		protection					
	Additional set(s)	φzj	-	ervices:					
	• FM radio (if separate rate)			onnect		25.00			
	Converter			onnect		20.00			
			• Outle						
				et relocation e to new addre	ess	25.00			

Name	MidlandsNet LLC			6						
	PRIMARY TRANSMITTERS:	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do not list the station herr station was carried only on • List the station here, and d basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast)	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. <b>Substitute Basis Stations</b> : With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> 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 <i>only</i> 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. <b>Column 1:</b> 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. <b>Column 2:</b> 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. <b>Column 3:</b> 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 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 locatio FCC. For Mexican or Cana	on of each station. For U.S. stations, list adian stations, if any, give the name of th	the community to which the station ne community with which the station	on is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KTIV-S	4.1	N	SIOUX CITY, IA						
	KTIV-2	4.2	N-M	SIOUX CITY, IA						
Rows as Necessary	KTIV-3	4.3	N-M	SIOUX CITY, IA						
	KTIV-4	4.4	N-M	SIOUX CITY, IA						
	KCAU-S	9.1	Ν	SIOUX CITY, IA						
	KCAU-2	9.2	N-M	SIOUX CITY, IA						
	KCAU-3	9.3	<b>N-M</b>	SIOUX CITY, IA						
	KCAU-4	9.4	<b>N-M</b>	SIOUX CITY, IA						
	KMEG-S	14.1	Ν	SIOUX CITY, IA						
	KMEG-2	14.2	N-M	SIOUX CITY, IA						
	KMEG-3	14.3	N-M	SIOUX CITY, IA						
	KSIN-S	27.1	E	SIOUX CITY, IA						
	KSIN-2	27.2	E-M	SIOUX CITY, IA						
	KSIN-3	27.3	E-M	SIOUX CITY, IA						
	KSIN-4	27.4	E-M	SIOUX CITY, IA						
	KPTH-S	44.1	N	SIOUX CITY, IA						
	KPTH-2	44.2	N-M	SIOUX CITY, IA						
	KPTH-3	44.3	N-M	SIOUX CITY, IA						
	KPTH-4	44.4	N-M	SIOUX CITY, IA						

AidlandsNet	FOWNER OF C	JADLE 3	TSTEM.					SYSTEM I 614
	t every radio s	tation ca	nried on a separate and discre nerally receivable by your cab					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 ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	/ the sys be receint the Consign of e he station on's sign g a check o's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically 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 his point, see par ed by the cable s e station is licens	adend, and (2 nna, during co 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							FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MidlandsNet LLC							61429
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ify every no	nnetwork telev	<i>ision program</i> , broadcast b	, a <i>distant</i> sta	ition, that yo	our cable sys	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm				he general in	structions ir	the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting per		ur cable syster	m carry, on a substitute ba	isis, any noni	network tel		
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI			eta lina. Llas abbraviation		aasibla ift	hair maanin	a ia
	In General: List each subs clear. If you need more spa				s wnerever p	ossidie, it t	neir meaning	gis
	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.	Bulls."				1 /	,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which th	e station is id	lentified).		
	Column 5: Give the mor first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	ls, with the r	nonth
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour syste	m was <i>rea</i> u	ired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	der FCC rules	s and regul	ations in	-
	effect on October 19, 1976	•						
					WHE	N SUBST	ITUTE	
	S	1	E PROGRAM			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	-	TIMES — TO	
							_	
							_	
							_	
								"
							<u> </u>	" <mark></mark>
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Accounting Period:	<b>2020/1</b> FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM IC
	MidlandsNet LLC 6142
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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
	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
	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 \$ 443,521.00
	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)
	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 \$ 3,116.21
	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)
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 \$ 3,136.21
	EFT Trace # or TRANSACTION ID # 26PI0E34
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF MidlandsNet	OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 61429
M Channels	<ol> <li>to its subscriber</li> <li>Enter the tota system carried</li> <li>Enter the tota on which the or</li> </ol>	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	26 34
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Robert Gannon Telephone 712-78	36-1181
	Address 	PO Box 330 (Number, street, rural route, apartment, or suite number) Remsen, IA 51050 (City, town, state, zip) bgannon@westelsystems.com Fax (optional) 712-786-2400	
O Certification	I, the undersign     (Own     (Age     in     X     (Offi     in     I have examine     are true, comple	It (This statement of account must be certified and signed in accordance with Copyright Office regulations)         need, hereby certify that (Check one, but only one, of the boxes.)         neer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a         n line 1 of space B and that the owner is not a corporation or partnership; or         cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the time 1 of space B.         ad the statement of account and hereby declare under penalty of law that all statements of fact contained herein the, and correct to the best of my knowledge, information, and belief, and are made in good faith.         tion 1001(1996)]         X       /s/ Robert Gannon         Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       Robert Gannon         Title:       CEO         (Title of official position held in corporation or partnership)	
		Date: 7/28/20	

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ItiditandsNet LLC 614	ounting Period: 2020/1	FORM SA1-2E. PAGE
SPECIAL TRANSPORT CONCERNING GROSS RECEIPTS EXCLUSIONS The Stability Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following section and anounts collected from auborations and the gross amounts paid to the cable system for the basic service of providing sectionary transmission of primary breadcast transmitter, the system shall not include sub-softeet and anounts collected from auborations receiving sectionary transmissions market to section 112." 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 sectionary transmissions made by satellite carrier(s) below. Section Statement of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Normat complete this worksheet for those royally 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. Line 1 Enter the amount of late payment or underpayment. For an explanation of interest rate' and enter the sum here. x 0.00274 Line 1. Multiply line 1 by the interest rate' and enter the sum here. x 0.00274 Line 4. 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 the sum here. x 0.00274 Line 4. Multiply line 3 by 0.00274** and enter the sum here. x 0.00274 Line 4. Multiply line 3 by 0.00274** and enter the sum here. x 0.00274 Line 4. Multiply line 3 by 0.00274** and enter the sum here. x 0.00274 x 1. This is the decimal equivalent of 1365, which is the interest assessment for one day late. NOTHER UP oview the interest rate chard lick on www.copyrip	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
The Stabilite Home Vewer Act of 1988 amended Title 17, section 1111(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 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?   Image in the total here and list the satellite carrier(s) below.   Image indicates   Name   Maining Address   Nume   Maining Address   Nume   Maining Address   Nume   Maining Address   Line 1 Enter the total here and list the satellite carrier(s) below.   Interest Assessment, see page (vii) of the general instructions located in the paper SA1-2 form.   Line 1 Enter the amount of late payment or underpayment.   For an explanation of interest rates and enter the sum here   x   days   Line 2 Multiply line 1 by the interest rate* and enter the sum here   x   x   (Interest Assessment)   tilte 4 Multiply line 2 by the number of days late and enter the sum here   x   x   (Interest Assessment for one day late.   Norme   n space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6   in base the decimal equivalent of 1	dlandsNet LLC	6142
Mailing Address       Mailing Address       Mailing Address       Image: Control of C	<ul> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>X NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments and enter the sum here is a complete this worksheet for those royalty payments and enter the sum here is a complete this worksheet for those royalty bay bay bay bay bay bay bay bay bay ba		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments and enter the sum here		
Line 1       Enter the amount of late payment or underpayment.         x       -         Line 2       Multiply line 1 by the interest rate* and enter the sum here .       -         x	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
x	Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 3 Multiply line 2 by the number of days late and enter the sum here		-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	uays	_
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	·····	
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	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	_
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