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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

		L			
Α	ACCC	DUNTING PERIOD COVERED B	Y THIS STATEMENT: (YYYY	/(Period))	
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Ε	Barcode Data Filing Period (optional - se	e instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of the of the subsidiary, not that of the parent corp		of another corporation, give the full corpo	orate title
Owner		List any other name or names under which t	he owner conducts the business of the ca	ble system.	
		If there were different owners during the ac single statement of account and royalty fee			omit a
		Check here if this is the system's first filing.	If not, enter the system's ID number assig	ned by the Licensing Division.	63206
		Γ			
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		F J COMMUNICATIONS, INC			
		BUSINESS NAME(S) OF OWNER OF C	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF C	ABLE SYSTEM		
		65 W THIRD STREET PO BO			
		(Number, street, rural route, apartment, or suite nur FORT JENNINGS, OH 4584			
		(City, town, state, zip)			
С		CUCTIONS: In line 1, give any busine a already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nur	nber)		
		(City, town, state, zip code)			
Privacy Act Notice	: Section	111 of title 17 of the United States Code auth	orizes the Copyright Offce to collect the pe	rsonally identifying information (PII) requested	ed on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8-31-20

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.

Name -	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	F J COMMUNICATIONS, INC	6320
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con 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.	ry" is the same as a "community unit" as defined in FCC rule nmunities within unincorporated areas and including single t will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	FORT JENNINGS	OH
Community	JACKSON TWP	ОН
	SUGAR CREEK TWP	ОН
dd Rows as Necessary	DELPHOS	ОН
	JENNINGS TWP	OH
	MARION TWP	ОН

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	F J COMMUNICATIONS	, INC							6320
_	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including r					•			
Transmission	last day of the accounting period	• • •			•		those exis		
Service: Sub-	Number of Subscribers: Both						able system	n, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular serv		-	•••		•	-	s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed			,	•	ard rate variation	ns within a	particular rate	
	category, but do not include disc							ing that as his	
	Block 1: In the left-hand block systems most commonly provide			-		•			
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca						nder "Serv	ice to the	
	first set" and would be counted of Block 2: If your cable system	•			• • •		e different	from those	
	printed in block 1 (for example, t	-							
	with the number of subscribers a					•			
	sufficient.							()	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:							407	
	Service to first set		484	67.00	IPIV			197	82.
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	S				
-	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,					•	•		
Services	service for a single fee. There a furnished at cost or (2) services		-		-		- · ·	,	
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha			•					
Rates	listed in block 1 and for which a				-	-	•		
	brief (two- or three-word) descrip		-						
		BLO	∩K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:			ation: Non-res			0/11201		1011
	• Pay cable	12.00	• Mo	tel, hotel			EXPAN	DED	5.0
	• Pay cable—add'l channel	18.00	• Coi	mmercial			DIGITA	L EXPANDED	12.0
	Fire protection		• Pay	/ cable					
	•Burglar protection		• Pay	/ cable-add'l cł	nannel				
			• Fire	e protection					
	Installation: Residential								I
	First set	24.50	• Bur	glar protection					
		24.50		glar protection					
	• First set	24.50	Other	•					
	First setAdditional set(s)	24.50	Other : • Red	services:					
	 First set Additional set(s) FM radio (if separate rate) 	24.50	Other s • Red • Dis	services:					

counting Period:				FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF			SYSTEM ID 6320					
		F J COMMUNICATIONS, INC 6320							
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(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "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) For the meaning of these to Column 4: Give the location	entify every television station (including or during the accounting period, except in effect on June 24, 1981, permitting to e)(2) and (4), or 76.63 (referring to 76.1 as explained in the next paragraph. S: With respect to any distant stations of ules, regulations, or authorizations: re in space G—but do list it in space I (in a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations in's call sign. <i>Do not</i> report origination ind with a station according to its over-th	of (1) stations carried only on a part the carriage of certain network prog 61(e)(2) and (4))]; and (2) certain s carried by your cable system on a s (the Special Statement and Program ed both on a substitute basis and a s, see page (v) of the general instru- program services such as HBO, ES ne-air designation. For example, re- levision station for broadcasting over a station, an independent station, on (for network multicast), "I" (for inde- or "E-M" (for noncommercial educa- ructions in the paper SA1-2 form. st the community to which the station	t-time basis under grams [sections stations carried on a substitute program m Log)—if the also on some other actions. SPN, etc. Identify each eport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WBGU	27	E	BOWLING GREEN-LIMA OHIO					
	WBGU	27.2	E-M	BOWLING GREEN-LIMA OHIO					
d Rows as Necessary	WBGU	27.3	E-M	BOWLING GREEN-LIMA OHIO					
	WLIO	8.1	N-M	LIMA OHIO					
	WLIO	8.2	I-M	LIMA OHIO					
	WOHL	35.1	N-M	LIMA OHIO					
	WOHL	35.2	N-M	LIMA OHIO					
	WTLW	44	I	LIMA OHIO					
	WTLW	44.2	I-M	LIMA OHIO					
	WTOL	11	N	TOLEDO OHIO					
	WTOL	11.2	I-M	TOLEDO OHIO					

LEGAL NAME O								SYSTEM I 632
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
The ceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio station this by placing give the station	y the sys be rece it the Co sign of o he static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 pa ed by the cable s he station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain s eneral i eparate	be expected, tated 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	od: 2020/1					FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	F J COMMUNICATION	S, INC					63206
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEMEI	NT AND PROGRAM LO	G		
	In General: In space I, ident					tion, that your cable sys	stem carried on a
	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or authorizatio	ns. For a further
Substitute	explanation of the programm	•			he general ins	tructions in the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMENT						
Statement and	During the accounting per		ur cable system	n carry, on a substitute ba	asis, any nonr		
Program Log	broadcast by a distant sta	tion?				YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer i	s "Yes," you r	must complete the pro	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subs			ata lina. Llaa abbraviation	a whorever p	occible, if their meaning	
	clear. If you need more spa				s wherever p		ig is
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitut		-	
	period, was broadcast by a under certain FCC rules, re		•	-		5	
	Do not use general categor	•					
	"NBA Basketball: 76ers vs.		den et l'anna ant		"NI- "		
				er "Yes." Otherwise enter asting the substitute prog			
	Column 4: Give the broa	adcast stati	on's location (t	he community to which th	ne station is lie	2	, in
	the case of Mexican or Car			community with which th stem carried the substitute		,	month
	first. Example: for May 7 giv		when your sy				month
				ogram was carried by you			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program cari	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m. should be)
	Column 7: Enter the lett			n was substituted for prog			
	to delete under FCC rules a was substituted for program						rogram
	effect on October 19, 1976	•	your system w				
					WHE		
	S		E PROGRAM		CARRI	AGE OCCURRED	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	6. TIMES FROM — TO	
						_	
						_	
]		
							"""
						_	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: F J COMMUNICATIONS, INC		SYSTEM ID 6320
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tra (as identified in space E) during the accounting period. For a further explanation of how to compute to 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.	nsmission service his amount, see	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.		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 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		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay accounting period is \$52.00	for this six-month	
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
			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 \$1	. ,	
	1. Base amount under statutory formula \$ 263,800 2. Enter emount of group requires from encode K		
	2. Enter amount of gross receipts from space K		
	 Subtract line 2 from line 1		
	4. Enter the amount from line 3		
	C. Outstandt 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	.00	
	2. Base amount under statutory formula \$ 263,800	.00	
	3. Subtract line 2 from line 1 \$ 30,550	.00	
	4. Multiply line 3 by .01	305.50	
	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	···· \$	1,624.50
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	1,624.50	
otal Remittance Due	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	\$	1,644.50
	Important: Your remittance must be in the form of an electronic payment payable to the R		white I

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Nomo	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	F J COMMUNI	CATIONS, INC	63206
M Channels		ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	
		I number of channels on which the cable television broadcast stations	11
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	46
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Michael A Metzger Telephone 41	9-286-2181
	Address	65 W Third St. PO Box 40 (Number, street, rural route, apartment, or suite number) Fort Jennings, OH 45844 (City, town, state, zip)	
	Email	mike@fjtelephone.com Fax (optional) 419-286-2193	
O Certification	 I, the undersigned (Owned) (Agention) X (Officing) 	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner line 1 of space B.	em as identified
		e, and correct to the best of my knowledge, information, and belief, and are made in good faith.	

	X */s/ Michael A Metzger
	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: Michael A Metzger
	Secretary/Treasurer icial position held in corporation or partnership)
Date:	August 31, 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.

Second UNICATIONS, INC Second Unication Unic			FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellish from Viewer Act of 1988 amended This 17, section 111(g)(1)(Å), of the Copyright Act by adding the following sectorical: The Satellish from Viewer Act of 1988 amended This 17, section 111(g)(1)(Å), of the Copyright Act by adding the following sectorical term 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- services and mounts calculated 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. Uning the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. No No No No No No No No No N	GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
The Stabilis Home View Act of 1988 amended Title 17, section 111(d)(1)(A), of the Capyright Act by adding the following sertices: Image: Capyright	COMMUNICATIONS, INC		6320
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. Name Maling Address Name Maling 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. Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x 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 www.copyright.gow/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@interest-rate.pdf. For further assistance please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	The Satellite Home Viewer Act of 1988 amende lowing sentence: "In determining the total number of sub- service of providing secondary transmis scribers and amounts collected from su For more information on when to exclude these	ded Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- oscribers and the gross amounts paid to the cable system for the basic issions of primary broadcast transmitters, the system shall not include sub- ubscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address INTEREST ASSESSMENT 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. Interest Assessment. Line 1 Enter the amount of late payment or underpayment	made by satellite carriers to satellite dish owne		
Maiing Address Maiing Address Maiing Address Maiing 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. Interest Assession Line 1 Enter the amount of late payment or underpayment	YES. Enter the total here and list the satel	llite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment			
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment			
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment. Line 1 Enter the amount of late payment or underpayment	INTEREST ASSESSMENT		
Line 1 Enter the amount of late payment of underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here . - x	-		Q
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Line 1 Enter the amount of late payment or u		Interest Assessmer
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 - * 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. ** 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 -			
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 - * 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. ** 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 -	Line 2 Multiply line 1 by the interact rate* and	A enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line i by the interest rate and		
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6			
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <u>\$</u>		ate and enter the sum here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <u>\$</u>	Line 3 Multiply line 2 by the number of days la	x 0.00274	
* 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@loc.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.			
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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.	Line 4 Multiply line 3 by 0.00274** and enter in space L, (page 6) block 1, line 2, or l	here block 2 line 8, or block 3 line 6 \$ - (interest charge)	
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	Line 4 Multiply line 3 by 0.00274** and enter l in space L, (page 6) block 1, line 2, or l * To view the interest rate chart click on <i>wv</i>	here block 2 line 8, or block 3 line 6	
Address ID number First community served	Line 4 Multiply line 3 by 0.00274** and enter l in space L, (page 6) block 1, line 2, or l * To view the interest rate chart click on <i>ww</i> contact the Licensing Division at (202) 70	here block 2 line 8, or block 3 line 6 \$ - (interest charge) ww.copyright.gov/licensing/interest-rate.pdf. For further assistance please 07-8150 or licensing@loc.gov.	
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