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					
8/25/20	\$ 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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	United Communications Inc
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	120 Taylor Street (Number, street, rural route, apartment, or suite number)
	Chapel Hill, TN 37034 (City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	DENTIFICATION OF CABLE SYSTEM:
oyoto	1
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ľ	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	United Communications Inc	634
	Instructions: List each separate community served by the cable system. A "community" i	
D	"a separate and distinct community or municipal entity (including unincorporated comm	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	
	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	e parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE TN
First Community	Marshall Moore	TN TN
Community	Moore	TN TN
	Rutherford	TN
Rows as Necessary	Williamson	TN
	Franklin	TN
ļ	Bedford	TN
ļ	Chapel Hill	TN
ļ	Davidson	TN
	Bell Buckle	TN
ļ	Estill Springs	TN
ļ	Nolensville	TN
ļ	Nashville	TN
ļ	Brentwood	TN
	Unionville	TN
ļ	Belfast	TN
ļ	College Grove	TN
ļ	Fosterville	TN
ļ	Flat Creek	TN
ļ	Raus	TN
	Eagleville Eagleville	TN
	Thompson Station	TN
ļ	Shelbyville	TN
	Arrington	TN
	Arrington	IN
	Unincorporated Unnamed Areas Within:	
		TN
	Franklin County  Marshall County	TN
		TN TN
	Williamson County	TN TN
	Davidson County	TN TN
ļ	Rutherford County	TN
	Bedford County	TN
	Maury County	TN
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Accounting Period: 2020/1

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# United Communications Inc 63415

# 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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:	30200.1.22.10		0.1120011101	0020011122110			
<ul> <li>Service to first set</li> </ul>	2,018	26.60	Expanded Tier 2	1,971	41.00		
<ul> <li>Service to additional set(s)</li> </ul>	4,417	4.95	Digital Tier 3	1,220	14.00		
• FM radio (if separate rate)			НВО	170	16.00		
Motel, hotel			Cinemax	84	10.00		
Commercial			Showtime/TMC	95	14.00		
Converter			Starz	143	13.00		
Residential			Encore	142	13.00		
Non-residential							
		T					

# 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		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63415

#### **United Communications Inc**

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WKRN	2	N	Nashville
WZTV	17	N	Nashville
WSMV	4	N	Nashville
WTVF	5	N	Nashville
WNPT	8	E	Nashville
NPT2	8.2	N	Nashville
WNAB	58	N	Nashville
WUXP	30	N	Nashville
WKRN (MeTV)	2.2	N-M	Nashville
WTVF5	5.2	n-m	Nashville

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **United Communications Inc**

63415

#### 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>Accounting Perio</b>	d. 2020/1							M C M 1 2 D D M C E E I	
Accounting Ferro	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FORI	M SA1-2E. PAGE 5.  SYSTEM ID#	
Name	United Communicatio	ns Inc						63415	
					_				
	SUBSTITUTE CARRIAG				_				
•	In General: In space I, identification in Substitute basis during the a								
Substitute	explanation of the programn								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	ent and								
Program Log									
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you r	nust compl	ete the prog	gram	
	log in block 2.	•	·	•		·			
	2. LOG OF SUBSTITUT								
	In General: List each subs				wherever po	ossible, if th	neir meaning	g is	
	clear. If you need more spa			i rows to tne tables. vision program ("substitute	program") tl	nat. during	the account	tina	
	period, was broadcast by a	a distant sta	tion and that y	our cable system substitut	ed for the pro	ogramming	of another	station	
	under certain FCC rules, re Do not use general catego								
	"NBA Basketball: 76ers vs.		ovies of bask	letball. List specific progra	iii uues, ioi e	example, i	Love Lucy	OI	
				er "Yes." Otherwise enter "					
				casting the substitute progr the community to which the		rensed by t	he FCC or	in	
	the case of Mexican or Car						ne i cc oi,		
			when your sy	stem carried the substitute	program. Us	se numeral	s, with the n	nonth	
	first. Example: for May 7 gi		a substituta nr	ogram was carried by your	rahle system	m list the	times accur	ately	
	to the nearest five minutes							atory	
	stated as "6:00-6:30 p.m."	. «D»:«						. ,	
	to delete under FCC rules			n was substituted for progr					
	was substituted for prograr							ogram	
	effect on October 19, 1976	i.							
					WHE	N SUBSTI	TUTE		
	S	UBSTITUT	E PROGRAM	1		N SUBSTI AGE OCC		7. REASON FOR	
		UBSTITUT	E PROGRAM  3. STATION'S			AGE OCC		7. REASON FOR DELETION	
	S  1. TITLE OF PROGRAM				CARRI	AGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCC 6. T	URRED IMES		

Accounting Period:	2020/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	SYSTEM ID#
Name	United Communications Inc				63415
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a 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 explanat 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 or	system's ion of ho	s secondary trans w to compute this	mission services amount, se	
_	COPYRIGHT ROYALTY FEE				
Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more</li> </ul>	but less informat	than \$527,60( tion.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	Ity fee tha	at you must pay fo	r this six-mon	tt
	Line 1. Royalty fee for accounting period			· ·	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I	ines 1 an	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but r	more than \$137,	100)	
	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
	o. microst charge. Effect the amount norm into 4, space Q, page 0				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8 .			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (bı	ut less than \$527	7,600)	
	Enter the amount of gross receipts from space K	¢	210 854 10		
	<u> </u>		319,854.10	:	
	2. Base amount under statutory formula		263,800.00	=	
	3. Subtract line 2 from line 1		56,054.10		
	4. Multiply line 3 by .01			560.54	
	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	\$	1,879.54
	FILING FEE AND TOTAL REMITTANCE DU	ΙE			
Filing Fee and			•	40=0 - :	
Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,879.54	
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			\$	1,899.54
	EFT Trace # or TRANSACTION ID #	2.	31583E+16		
	<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	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: unications Inc	SYSTEM ID# 63415
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carried	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 I television broadcast stations	10
N Individual to Be Contacted	INDIVIDUAL TO	D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Kristin Jackson Telephone 931-36	34-4325
	Address	120 Taylor Street (Number, street, rural route, apartment, or suite number)	
		Chapel Hill, TN 37034 (City, town, state, zip)	
	Email	Fax (optional)	
	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as line 1 of space B and that the owner is not a corporation or partnership; or	s identified
		ter or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the line 1 of space B.	e cable system
		d the statement of account and hereby declare under penalty of law that all statements of fact contained herein ite, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	
		X /s/ Kristin Jackson	
		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: Kristin Jackson	
		Title: CFO (Title of official position held in corporation or partnership)	
		Date: 8/25/2020	

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Accounting Period: 2020/1 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63415 **United Communications Inc** 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-"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-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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? NO 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. Interest Assessment x = 0.00274Line 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@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

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.

First community served Accounting period