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			
02/22/2021	\$ ALLOCATION NUMBER			

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

_	1						
A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		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					
В		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, and the owner on the lest day of the accounting period should submit a					
	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.					
		price (in this is the system s instrining, if not, effect the system s to indinate assigned by the electioning offision).					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM					
		Glenwood Telecommunications, Inc.					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		PO Box 357					
		(Number, street, rural route, apartment, or suite number)					
		Blue Hill, NE 68930 (City, town, state, zip)					
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
С		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:					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite number)					
		(mainuer, su eet, ruran ruure, apatument, ur 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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II					
Italiic	Glenwood Telecommunications, Inc.	247					
	Instructions: List each separate community served by the cable system. A "commu						
D	"a separate and distinct community or municipal entity (including unincorporated						
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known						
	as the "first community." Please use it as the first community on all future filings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	Blue Hill	,,,,,,					
ommunity	Campbell	NE NE					
	Funk	NE					
ows as Necessary	Holstein	NE					
	Lawrence	NE					
	Roseland	NE					
	Superior	NE					
	Upland	NE					
	Bladen	NE					
	Norman	NE					
	NOTITALI						

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2472

Glenwood Telecommunications, Inc.

E

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	BLOCK 1 BLOCK 2			(2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 			Streaming Essential	-	23.95
 Service to additional set(s) 	0	4.50	Streaming Preferred	-	95.00
 FM radio (if separate rate) 			Streaming Premier	-	#####
Motel, hotel			Streaming Ultimate	-	#####
Commercial			Cinemax	-	12.95
Converter			Showtime/TMC		18.95
 Residential 			Starz/Encore	-	15.95
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
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: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Glenwood Telecommunications, Inc.

2472

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
KSNB	11.2	N	Hastings, NE
KSNB-Simulcast	4	N	Hastings, NE
KGIN	11.1	N	Grand Island, NE
KGIN-Simulcast	11	N	Grand Island, NE
KHGI	13.1	N	Kearney, NE
KHGI-Simulcast	13	N	Kearney, NE
KHNE-NET1	29.1	E	Hastings, NE
KHNE-NET1-SM	12	E	Hastings, NE
KHNE2-Network	29.2	E-M	Hastings, NE
KHNE2-Simulcast	3	E-M	Hastings, NE
KHNE3-Create	29.3	E-M	Hastings, NE
KFXL	13.2	N-M	Kearney, NE
KFXL-Simulcast	17	N-M	Kearney, NE
KLKN	8.1	N	Lincoln, NE
KLKN-Simulcast	8	N	Lincoln, NE
CW Plus	15	<u>l</u>	Hastings, NE
CW Plus-Simulcast	95.12	<u>l</u>	Hastings, NE
GRIT	8.2	I-M	Lincoln, NE
Escape	8.3	I-M	Lincoln, NE
KHIVE	28.4	E-M	Hastings, NE
МеМу	11.3	I-M	Grand Island, NE
H&I	11.4	I-M	Grand Island, NE
Circle	11.5	I-M	Grand Island, NE

Accounting Period: 2020/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Glenwood Telecommunications, Inc.

2472

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 CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF	0411 0:0:	l and	0.5		T 0411 0:0::	T and	0.5	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			 					
			 					
			 					
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Accounting Boris	nd: 2020/2						EOD	M SA1-2E BACE F
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5 SYSTEM ID#
Name	Glenwood Telecommu							2472
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant stat Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa	E: SPECIA ify every no. ccounting p ning that mu T CONCEP riod, did you tion? ", leave the E PROGRA titute progra tice, please of every no distant sta egulations, of	AL STATEME nnetwork televi. eriod, under sp ist be included i RNING SUBS ur cable system e rest of this pa AMS am on a separa add additional connetwork televition and that you or authorization	sion program, broadcast by ecific present and former Fn this log, see page (v) of formation of the program, and former Fn this log, see page (v) of formation carry, on a substitute based of the program of the line. Use abbreviation rows to the tables. Vision program ("substitute our cable system substitutes. See page (v) of the ge	y a distant stare CC rules, registe general instructions of the general instruction of the general instruction of the program.	ulations, of structions network to must compossible, if hat, durin ogrammir ions for fu	relevision progression progres	stem carried on a ns. For a further SA1-2 form. Iram X NO gram g is ting station ation.
	Column 3: Give the call Column 4: Give the broathe case of Mexican or Cal Column 5: Give the more first. Example: for May 7 gi Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m."	m was broa sign of the adcast statinadian statinath and day we "5/7." es when the Example: er "R" if the and regulatinming that	station broadc on's location (t ons, if any, the when your system e substitute pro a program carr e listed progran ions in effect d	stem carried the substitute ogram was carried by you ied by a system from 6:0 n was substituted for prog uring the accounting perio	ram. e station is lide station is ide program. User cable system in 1:15 p.m. to 6 gramming that od; enter the lider FCC rules	entified). se numer m. List the 3:28:30 p. t your sys letter "P"	als, with the retimes accur m. should be tem was <i>requ</i> if the listed prulations in	month ately <i>uired</i>
	S	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Glenwood Telecommunications, Inc.	S	STEM ID# 2472
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	,538.30 is receipts)
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.	63,800	
	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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	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		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)	
	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		
	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)\$	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		 its!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Glenwood Telecommunications, Inc.	SYSTEM ID# 2472
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadd to its subscribers, and (2) the cable system's total number of activated channels during the accounting period 1. Enter the total number of channels on which the cable	ı.
	system carried television broadcast stations	23
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	163
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	n
for Further Information	Name Stanley Rouse	Telephone 402-756-3131
	Address 510 West Gage, PO Box 357 (Number, street, rural route, apartment, or suite number)	
	Blue Hill, NE 68930	
	(City, town, state, zip)	
	Email manager@glenwoodtelco.net Fax (optiona) 402-756-3134
_	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office	regulations)
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in li	ne 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner in line 1 of space B and that the owner is not a corporation or partnership; or	r of the cable system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity in line 1 of space B.	dentified as owner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact co are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	ontained herein
	X /s/ Stanley Rouse	
	Enter an electronic signature on the line above to certify this state Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ment.
	Typed or printed name: Stanley Rouse	
	Title: CEO/GM (Title of official position held in corporation or partnership)	
	Date: 2/22/202	:1

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counting Period: 2020/2		FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID:
enwood Telecommunications, Inc.		2472
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrlowing sentence: "In determining the total number of subscribers and the gross amounts paid to the call service of providing secondary transmissions of primary broadcast transmitters, the secribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, the secribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, the secribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, the secribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, the secribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, the secribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, the secribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, the secribers and the gross amounts of primary broadcast transmitters, the secribers and the gross amounts paid to the call be secribers receiving secondary transmissions of primary broadcast transmitters, the secribers and the gross amounts of primary broadcast transmitters, the secribers and the gross amounts of primary broadcast transmitters, the secribers and the gross amounts of primary broadcast transmitters, the secribers and the gross amounts of primary broadcast transmitters, the secribers and the gross amounts of primary broadcast transmitters, the secribers and the gross amounts of primary broadcast transmitters, the secribers and the gross amounts of primary broadcast transmitters, the secribers and the gross amounts of primary broadcast transmitters, the secribers and the gross amounts of primary broadcast transmitters, the secribers an	ole system for the basic ystem shall not include sub- oursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late For an explanation of interest assessment, see page (viii) of the general instructions located		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
_	x	
Line 2. Multiply line 1 by the interest rate* and enter the sum have		
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
	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 \$	_	
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	or further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day la	te.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to t		
list below the owner, address, first community served, ID number, and accounting period as	. , ,	
Owner		
Owner Address		
Address		

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