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
3/1/2021	\$ 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  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	
	CableSouth Media III, LLC	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	1056 Jones Blvd (Number, street, rural route, apartment, or suite number)	
	Milan, TN 38358	
	(City, town, state, zip)	
С	<b>NSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless the 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.	se
System	1 IDENTIFICATION OF CABLE SYSTEM:	
	Swyft Connect, LLC	
	MAILING ADDRESS OF CABLE SYSTEM:  1056 Jones Blvd	
	2 (Number, street, rural route, apartment, or suite number)	
	Milan, TN 38358 (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.

Accounting Period:	2020/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CableSouth Media III, LLC	26795
	Instructions: List each separate community served by the cable system. A "com	
D	separate and distinct community or municipal entity (including unincorporated	
_	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	vill serve as a form of system identification hereafter known as the "first
	community." Please use it as the first community on all future filings.	h:: -
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	ibile nome parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Marksville	LA
Community	Avoylles Parrish	LA
	Hessmer	LA
Add Rows as Necessary	Mansura	LA
	Bunkie	LA
	Evergreen	LA

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 26795

#### CableSouth Media III, LLC

## 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				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	991	31.35					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		1					

# 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.

	BLO	CK 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	39.99	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	49.99		
Converter	5.00	Disconnect			
		Outlet relocation			
		Move to new address	39.99		

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26795

CableSouth Media III, LLC

1. CALL SIGN

PRIMARY TRANSMITTERS: TELEVISION

G

**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.

2. B'CAST CHANNEL NUMBER

**KALB** 2 Ν Alexandria, IL **KLAX** 3 Alexandria, IL Ν **KPLC** 4 Ν Lake Charles, LA WNTZ 5 ı Natchez, MS KALB2 9 Ν Alexandria, IL **NALB** 6 Ν Alexandria, IL **KPLA** 7 Ν Alexandria, IL **KLFY** 12 Ν Lafayett, LA

3. TYPE OF STATION

4. LOCATION OF STATION

Add Rows as Necessary

Form SA1-2E Short Form (Rev. 05-17) U.S. Copyright Office

FORM SA1-2E. PAGE 4.

#### CableSouth Media III, LLC

26795

#### 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

	1 222212									
Accounting Perio	<b>d: 2020/2</b>  LEGAL NAME OF OWNER OF (	ADIE OVOT	EM.						FORI	M SA1-2E. PAGE 5.
Name	CableSouth Media III, L		EIVI:							SYSTEM ID# 26795
	SUBSTITUTE CARRIAGE	· SDECIA	I STATEMEN	T AND DECCEAM I C	)G					
   Substitute	In General: In space I, identification in Substitute basis during the acexplanation of the programmi	y every non counting pe	network televis	ion program, broadcast b	oy a o	rules, regula	ations, or a	uthoriz	zations. F	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE						
Special	During the accounting peri				asis	any nonne	twork telev	vision	program	1
Statement and	broadcast by a distant stat	•	r cable cyclem	ourly, or a outomate by	u0.0,	any nomi				
Program Log	Note: If your answer is "No"		rest of this pag	ie blank. If vour answer	is "Y	'es." vou mı	ıst comple		YES progran	NO n
	log in block 2.	,		, ,		, <b>,</b>			F3	
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, region not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call is Column 4: Give the broat the case of Mexican or Canitation of the case of Mexican or Canitation of the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." I was broad sign of the s dcast static adian statio th and day e "5/7." s when the Example: a er "R" if the nd regulatio	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the cowhen your system substitute proprogram carried isted program ons in effect du	rows to the tables. Ision program ("substitutur cable system substitutur cable system substitutur cable system substitutur cable system substitutur. See page (v) of the getall." List specific program "Yes." Otherwise enter asting the substitute program was carried to which the community with which the tem carried the substitutur. Is gram was carried by you are do by a system from 6:00 was substituted for progring the accounting peri	te pruted ener ram  "Nogram he s ste prur casult te prur casult te gram ood; e	ogram") that for the program instruction titles, for ex in.  Itation is licer attion is ider ogram. Use table system. It is p.m. to 6:2 mining that yenter the let	nt, during the ramming of the formal of the following the	ne accordance in factorial in the factor	counting ther state or mation	ion n. hth dy
	effect on October 19, 1976.									
	s	UBSTITUT	E PROGRAM				EN SUBST			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	N	5. MONTH AND DAY	6. FROM	TIMES	S TO	DELETION
								_		
								_		
								_		

Accounting Period:	2020/2	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CableSouth Media III, LLC	SYSTEM ID 2679
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this am 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.	sion service
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 \$26  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.	3,800
	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 this accounting period is \$52.00	s six-month
	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 \$137,100	0)
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	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 \$527,60	00)
	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	
	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)	<u>E</u>
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	\$ 15.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period: 2	2020/2				FC	ORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF ON CableSouth Me	WNER OF CABLE SYSTEM: dia III, LLC				SYSTEM ID# 26795
<b>M</b> Channels	Enter the total system carried     Enter the total on which the control of t	s, and (2) the cable system's number of channels on which	total num th the cab s	ast stations	8 169	
N Individual to Be Contacted	we can contact a	about this statement of accou		DRMATION IS NEEDED (Identify an individual to whom	704 000 0007	
for Further Information	Name Address	Cristy Workman  1056 Jones Blvd (Number, street, rural route, apartr	ment, or sui		phone 731-686-9227	
		Milan, TN 38358 (City, town, state, zip)				
	Email	cworkman@sw	yftconne	ct.com Fax (optional		
0	CERTIFICATION (	This statement of account mu	ust be cer	tified and signed in accordance with Copyright Office regulati	tions)	
Certification	• I, the undersigned	d, hereby certify that (Check or	ne, <i>but on</i>	ly one, of the boxes.)		
	(Owner	other than corporation or p	artnershi	p) I am the owner of the cable system as identified in line 1 of s	space B; or	
				artnership) I am the duly authorized agent of the owner of the c s not a corporation or partnership; or	cable system as identified	
		<b>r or partner)</b> I am an officer (i n line 1 of space B.	if a corpor	ation) or a partner (if a partnership) of the legal entity identified a	as owner of the cable system	
		e, and correct to the best of m		clare under penalty of law that all statements of fact contained h ge, information, and belief, and are made in good faith.	nerein	
			X	/s/ Thomas Pate		
		- 0		electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)		
		Typed or printed	I name:	Thomas Pate		
		Title:	<b>CFO</b> tle of official	position held in corporation or partnership)		
		Date:		3/1/2021		

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ounting Period: 2020/2					FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF	F CABLE SYSTEM:				SYSTEM ID#
oleSouth Media III,	LLC				26795
The Satellite Home Vilowing sentence:  "In determining service of proyscribers and a service of	MENT CONCERNING GROSS RI iewer Act of 1988 amended Title 17, sect g the total number of subscribers and the viding secondary transmissions of primary amounts collected from subscribers receiv on when to exclude these amounts, see to 6A1-2 form. g period, did the cable system exclude an iers to satellite dish owners?	ion 111(d)(1)(A), of the Coperors amounts paid to the y broadcast transmitters, the ring secondary transmission the note on page (vii) of the y amounts of gross receipts	oyright Act by adding the fol- cable system for the basic e system shall not include su as pursuant to section 119." general instructions		P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address			
INTEREST ASSE	COMENT				
	SOWENT				
•	nis worksheet for those royalty payments interest assessment, see page (viii) of the			ıt.	Q
For an explanation of	nis worksheet for those royalty payments	e general instructions locat			<b>Q</b> Interest Assessment
For an explanation of	nis worksheet for those royalty payments interest assessment, see page (viii) of the	e general instructions locat	ed in the paper SA1-2 form.		<b>Q</b> Interest Assessment
For an explanation of Line 1 Enter the amo	nis worksheet for those royalty payments interest assessment, see page (viii) of thought of late payment or underpayment	e general instructions locat	ed in the paper SA1-2 form.		<b>Q</b> Interest Assessment
For an explanation of Line 1 Enter the amo	nis worksheet for those royalty payments interest assessment, see page (viii) of the	e general instructions locat	ed in the paper SA1-2 form.		<b>Q</b> Interest Assessment
For an explanation of  Line 1 Enter the amount  Line 2 Multiply line 1	nis worksheet for those royalty payments interest assessment, see page (viii) of the pount of late payment or underpayment by the interest rate* and enter the sum h	e general instructions locat	x x		<b>Q</b> Interest Assessment
For an explanation of  Line 1 Enter the amount  Line 2 Multiply line 1	nis worksheet for those royalty payments interest assessment, see page (viii) of thought of late payment or underpayment	e general instructions locat	x x	-	<b>Q</b> Interest Assessment
For an explanation of Line 1 Enter the amo Line 2 Multiply line 1 Line 3 Multiply line 2	nis worksheet for those royalty payments interest assessment, see page (viii) of the pount of late payment or underpayment by the interest rate* and enter the sum h	e general instructions locat	x x	-	<b>Q</b> Interest Assessment
For an explanation of Line 1 Enter the amount Line 2 Multiply line 1 Line 3 Multiply line 2 Line 4 Multiply line 3	nis worksheet for those royalty payments interest assessment, see page (viii) of the pount of late payment or underpayment by the interest rate* and enter the sum has been been been been been been been bee	e general instructions locat	x x 0.00274	days	<b>Q</b> Interest Assessment
For an explanation of Line 1 Enter the amo Line 2 Multiply line 1 Line 3 Multiply line 2 Line 4 Multiply line 3 in space L, (page 1)	his worksheet for those royalty payments interest assessment, see page (viii) of the pount of late payment or underpayment  by the interest rate* and enter the sum had by the number of days late and enter the by 0.00274** and enter here age 6) block 1, line 2, or block 2 line 8, or	ne general instructions locat	x x 0.00274  (interest charge)	days	Q Interest Assessment
For an explanation of Line 1 Enter the amount Line 2 Multiply line 1 Line 3 Multiply line 2 Line 4 Multiply line 3 in space L, (page 1) * To view the inter-	his worksheet for those royalty payments interest assessment, see page (viii) of the pount of late payment or underpayment  by the interest rate* and enter the sum had by the number of days late and enter the by 0.00274** and enter here	e general instructions locat  here  s sum here  r block 3 line 6	x x 0.00274  (interest charge)	days	Q Interest Assessment
For an explanation of Line 1 Enter the amo Line 2 Multiply line 1 Line 3 Multiply line 2 Line 4 Multiply line 3 in space L, (p. * To view the inter- contact the Lice	his worksheet for those royalty payments interest assessment, see page (viii) of the pount of late payment or underpayment  by the interest rate* and enter the sum had by the number of days late and enter the by 0.00274** and enter here age 6) block 1, line 2, or block 2 line 8, or rest rate chart click on www.copyright.gov.	nere  se sum here  r block 3 line 6  //licensing/interest-rate.pdf. sing@copyright.gov.	x x 0.00274  \$ (interest charge)	days	Q Interest Assessment
For an explanation of Line 1 Enter the amo Line 2 Multiply line 1 Line 3 Multiply line 2 Line 4 Multiply line 3 in space L, (po * To view the inter contact the Lice ** This is the decir NOTE: If you are filing	his worksheet for those royalty payments interest assessment, see page (viii) of the pount of late payment or underpayment  by the interest rate* and enter the sum has by 0.00274** and enter here age 6) block 1, line 2, or block 2 line 8, or rest rate chart click on www.copyright.governsing Division at (202) 707-8150 or licens	re general instructions located account already submitted to a community of the second control of the second c	x	days -	Q Interest Assessment
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