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

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

STA	TEME	INT (	DF A	CCO	UNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

3/1/2021

A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))         2020/2       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         Barcode Data Filing Period (optional - see instructions)       Barcode Data Filing Period (optional - see instructions)         Accounting Period       Instructions:	
Accounting Period Instructions:	
Accounting Period Instructions:	
Accounting Period Instructions:	
Accounting Period Instructions:	
Period Instructions:	
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B 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.	
<b>Owner</b> 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	
MEDIACOM WISCONSIN LLC	
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)	
MEDIACOM PARK, NY 10918	
(City, town, state, zip)	
<b>C INSTRUCTIONS:</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 E	se
System 1 IDENTIFICATION OF CABLE SYSTEM:	
MEDIACOM WISCONSIN LLC	
MAILING ADDRESS OF CABLE SYSTEM:	
2 1102 North Fourth Street, P.O. Box 334 (Number, street, rural route, apartment, or suite number)	
Chillicothe, IL 61523	
(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.

Image: Instance of the second secon	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
D       "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 know as the "first community." Please use it as the first community on all future filings.         Area Served       Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.         First       CITY OR TOWN       STATE         Free Community       WI	Nume		2747
Area         Served         First         Community         City OR TOWN         State         First         Community			
Area Served     CITY OR TOWN       First Community     CITY OR TOWN	П		
Area       Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.         First       CITY OR TOWN       STATE         Fremont       WI			
Area Served     identified city.       First Community     CITY OR TOWN			
Served     Identified city.       First     CITY OR TOWN       State       Fremont       WI	Area		nobile home parks should be reported in parentheses below the
First     CITY OR TOWN     STATE       Formunity     Fremont     WI		identified city.	
First Community			
First Community			
Community		CITY OR TOWN	STATE
	First	Fremont	WI
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	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC	
Name								010	2747	
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Secondary	/stem, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	last day of the accounting period							ing on the		
Service: Sub-	Number of Subscribers: Bot	•								
scribers and	down by categories of secondar			•		•				
Rates	each category by counting the n separately for the particular serv							cnarged		
	<b>Rate:</b> Give the standard rate of							ge and the		
	unit in which it is generally billed	. (Example: "\$	- 20/mth"	). Summarize a	any standa	rd rate variatior	is within a	particular rate		
	category, but do not include disc									
	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					d in the count u	nder "Servi	ce to the		
	first set" and would be counted of					aam isa that an	different f	no no the ope		
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•						
	with the number of subscribers a									
	sufficient.	,								
	BLO	DCK 1	-				BLOCK		1	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:	CODUCIND			0,			000001100		
	Service to first set		3	40.49-52.04						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	40.49-52.04						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s					
F	In General: Space F calls for ra	te (not subscril	ber) info	ormation with re	espect to a	ll your cable sy	stem's serv	vices that were		
Г	not covered in space E, that is, t						,			
Services	service for a single fee. There al furnished at cost or (2) services									
Other Than										
Secondary	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.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of brief (two- or three-word) description and include the rate for each.									
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATI	
	Continuing Services:			ation: Non-res			OATEO			
	Pay cable	PP		itel, hotel	naemua		Family	Cable	81.9	
	• Pay cable—add'l channel	PP		mmercial			· anny	<b>UUDIO</b>	• • • •	
	Fire protection			y cable						
	•Burglar protection			y cable-add'l ch	nannel					
	Installation: Residential			e protection						
	First set	49.99		rglar protection						
	Additional set(s)	49.99		services:						
	• FM radio (if separate rate)	10.00-40.00		connect		49.00				
				Sonnool		-3.00				
	Converter		<ul> <li>Dic</li> </ul>	connect						
	• Converter			sconnect		15 00-49 00				
	• Converter		• Ou	connect tlet relocation we to new addr	2000	15.00-49.00				

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE				
Name	MEDIACOM WISCON			2				
	PRIMARY TRANSMITTERS: TELEVISION							
G rimary Ismitters: levision	In General: In space G, id. carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute Basis Stations basis under specific FCC ru- • Do not 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	entify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. <b>s:</b> With respect to any distant stations c ules, regulations, or authorizations: re in space G—but do list it in space I (t 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 jud with a station according to its over-the the form. the number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M" ), "E" (for noncommercial educational), o erms, see page (iv) of the general instru-	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program and both on a substitute basis and als , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educate uctions in the paper SA1-2 form.	time basis under ams [sections ations carried on a abstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream • the air in its community a noncommercial bendent), "I-M" ional multicast).				
		on of each station. For U.S. stations, list adian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	•	-				
	WACY (MyNET) WBAY (ABC)	27 23	N	APPLETON, WI				
	WBAYIABU	25		Anna Davi M/I				
			N	Green Bay, WI				
/s as Necessary	WCWF (CW)	21	l	Suring, WI				
rs as Necessary	WCWF (CW)	21	I	Suring, WI				
	WFRV (CBS)	39	N	Green Bay, WI				
vs as Necessary	WCWF (CW)	21	I	Suring, WI				
	WFRV (CBS)	39	N	Green Bay, WI				
	WGBA (NBC)	41	N	Green Bay, WI				
vs as Necessary	WCWF (CW)	21	I	Suring, WI				
	WFRV (CBS)	39	N	Green Bay, WI				
	WGBA (NBC)	41	N	Green Bay, WI				
	WLUK (FOX)	4	I	Green Bay, WI				
vs as Necessary	WCWF (CW)	21	I	Suring, WI				
	WFRV (CBS)	39	N	Green Bay, WI				
	WGBA (NBC)	41	N	Green Bay, WI				
vs as Necessary	WCWF (CW)	21	I	Suring, WI				
	WFRV (CBS)	39	N	Green Bay, WI				
	WGBA (NBC)	41	N	Green Bay, WI				
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vs as Necessary	WCWF (CW)	21	I	Suring, WI				
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	WGBA (NBC)	41	N	Green Bay, WI				
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	WGBA (NBC)	41	N	Green Bay, WI				
	WLUK (FOX)	4	I	Green Bay, WI				
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	WFRV (CBS)	39	N	Green Bay, WI				
	WGBA (NBC)	41	N	Green Bay, WI				
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	WFRV (CBS)	39	N	Green Bay, WI				
	WGBA (NBC)	41	N	Green Bay, WI				
	WLUK (FOX)	4	I	Green Bay, WI				

EGAL NAME OF								SYSTEM
	every radio s	tation ca	nried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether the the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	It the system's H system's FM ar this point, see p sed by the cable ne station is lice	neadend, and (á htenna, during c page (v) of the c system as a se nsed by the FC	2) it can certain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2,2				0,0		
						+		
						+		
						+		
						1		
						1		

Accounting Perio	od: 2020/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM WISCONS	SIN LLC						27477
	SUBSTITUTE CARRIAG	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG						
I I	n General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a							
-	transformed by a distant station, indentity every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute	explanation of the programn							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	riod, did yo	ur cable syste	m carry, on a substitute ba	asis, any nonr	network te	levision prog	ram
Statement and	broadcast by a distant sta	-	,	<i>,</i>	, ,			× NO
	-						-	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust comp	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT						41	
	In General: List each subs clear. If you need more spa				s wherever p	ossidie, if	their meaning	g is
				vision program ("substitute	e program") ti	hat. durind	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or
	"NBA Basketball: 76ers vs.		adcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
				the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car							
			y when your sy	stem carried the substitute	e program. U	se numera	als, with the n	nonth
	first. Example: for May 7 gi		o substituto pr	ogram was carried by you	ır cahla sveta	m lietthe	times accur	ately
	to the nearest five minutes							atery
	stated as "6:00–6:30 p.m."		a program our					
							om woo roou	ire d
	Column 7: Enter the let							
	Column 7: Enter the lett to delete under FCC rules	and regulat	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	the listed pr	
	<b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for program	and regulat mming that	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	the listed pr	
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	<b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for program	and regulat mming that	tions in effect o	luring the accounting perio	od; enter the l der FCC rules	etter "P" if	f the listed pro lations in	
	<b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat mming that 	tions in effect of your system w	during the accounting period	od; enter the l der FCC rules WHE CARRI	etter "P" if and regu N SUBST AGE OCC	f the listed pro lations in TTUTE CURRED	ogram 7. REASON FOR
	<b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat mming that 	tions in effect o your system w	during the accounting period	od; enter the l der FCC rules WHE	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in	ogram
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Accounting Period:	2020/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Hanto	MEDIACOM WISCONSIN LLC		27477
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 transm (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.	ission service	990.15 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$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.	263,800	
	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	this 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		
	1. Base amount under statutory formula   \$   263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		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		
	2. Base amount under statutory formula		
	2. 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	1. 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 informat		hts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC	SYSTEM ID# 27477
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 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 system carried television broadcast stations         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	7 34
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Name       Kenneth J. Kohrs	845-443-2762
Information	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918	040-440-2702
	(City, town, state, zip)	
<b>O</b> Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) <ul> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereia 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)]</li> </ul> X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified mer of the cable system
	Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 2/15/2021	

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 fing, a determination that would be made by a court of law.

unting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM WISCONSIN LLC	2747
<ul> <li>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 following sentence:</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	
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	
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 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 Convright Office, please	1
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.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	

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I	1.00
Ν	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25