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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Tra Cable Systems (S		DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions	are located	02/24/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this	s workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
A ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	
	2020/2	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
		Grande Communications Networks, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		401 Carlson Circle (Number, street, rural route, apartment, or suite number)
		(Number, sueet, fular rolle, apartment, of suite number) San Marcos, TX 78666
		(City, town, state, zip)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		Centrovision, Inc Little River
		MAILING ADDRESS OF CABLE SYSTEM:
	2	401 Carlson Circle (Number, street, rural route, apartment, or suite number)
		San Marcos, TX 78666 (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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Grande Communications Networks, LLC	5434
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known
•	Note: Entities and properties such as hotels, apartments, condominiums, c	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Little River	ТХ
Community		
ws as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 543
	Grande Communication	ns Networks	s, LLC						0+0
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmission about other services (including particulation)								
Transmission	last day of the accounting period	l (June 30 or D	ecembe	er 31, as the ca	se may be	e).		0	
Service: Sub- scribers and	Number of Subscribers: Both	•					•		
Rates	down by categories of secondar each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•			-	-	
	category, but do not include disc	· ·	,		ny stanua		s within a		
	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 Block 2: If your cable system	0			· · ·	service that are	e different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	/o- or thre	e-word descript	ion of the s	service is	
	sufficient. BLC	DCK 1					BLOCK	(2	
		NO. OF		DATE	047			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		107	28.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel			28.49					
	Commercial		2	28.49					
	Converter								
	Residential Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	or facilities fur	nished to	o nonsubscribe	rs. Rate in	nformation shou	ld include	both the	
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	tes are ch	narged on a var	able per-p	rogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	e system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) description				shed. List	these other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	/ICE	RATE	CATEGO	BLOCK 2	RATE
	Continuing Services:	TOTE		tion: Non-resi		TUTE	ONTEOR		TUTE
	• Pay cable	16.99	• Mot	el, hotel			Expand	led Basic	46.0
	 Pay cable—add'l channel 		• Cor	nmercial				Tier (Premier P	22.9
	Fire protection		• Pay	cable			Variety		14.9
	•Burglar protection		,	cable-add'l ch	annel		HD Tie		6.9
	Installation: Residential			protection			Latin T		7.9
	First set	54.99		glar protection				Plus Pak ports Tier	14.99 4.99
	 Additional set(s) FM radio (if separate rate) 	30.00		services:		30.00	Movie		4.9 7.9
	• Converter			connect		30.00	movie		7.9
				let relocation		30.00			
	1					00.00			
			• Mov	e to new addre	ess	30.00			

unting Period: 2				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Grande Communicat			5434
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including term during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 exceptained in the next paragraph. as explained in the next paragraph. b With respect to any distant stations can ulles, regulations, or authorizations: re in space G—but do list it in space I (the first static basis). also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- e carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su be Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ESI -air designation. For example, rep vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial tendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCEN			
	KCEN	9	N	
				Temple, TX
	KWTX	10	N	Waco, TX
Rows as Necessary	KWTX KXXV	25	N	Waco, TX Waco, TX
lows as Necessary	KWTX KXXV KWKT	25 44	N	Waco, TX Waco, TX Waco, TX
Rows as Necessary	KWTX KXXV KWKT KNCT	25 44 46	N	Waco, TX Waco, TX Waco, TX Killeen, TX
ows as Necessary	KWTX KXXV KWKT KNCT KCEN-2	25 44 46 9.1	N N E I	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX
ows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2	25 44 46 9.1 10.1	N N E I N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX
tows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2 KXXV-2	25 44 46 9.1	N N E I	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX Waco, TX
lows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2	25 44 46 9.1 10.1	N N E I N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX
lows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2 KXXV-2	25 44 46 9.1 10.1 25.1	N N E I N N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX Waco, TX
lows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2 KXXV-2	25 44 46 9.1 10.1 25.1	N N E I N N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX Waco, TX
Rows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2 KXXV-2	25 44 46 9.1 10.1 25.1	N N E I N N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX Waco, TX
Rows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2 KXXV-2	25 44 46 9.1 10.1 25.1	N N E I N N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX Waco, TX
Rows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2 KXXV-2	25 44 46 9.1 10.1 25.1	N N E I N N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX Waco, TX
Rows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2 KXXV-2	25 44 46 9.1 10.1 25.1	N N E I N N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX Waco, TX
Rows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2 KXXV-2	25 44 46 9.1 10.1 25.1	N N E I N N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX Waco, TX
Rows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2 KXXV-2	25 44 46 9.1 10.1 25.1	N N E I N N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX Waco, TX
Rows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2 KXXV-2	25 44 46 9.1 10.1 25.1	N N E I N N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX Waco, TX
Rows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2 KXXV-2	25 44 46 9.1 10.1 25.1	N N E I N N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX Waco, TX
Rows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2 KXXV-2	25 44 46 9.1 10.1 25.1	N N E I N N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX Waco, TX
Rows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2 KXXV-2	25 44 46 9.1 10.1 25.1	N N E I N N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX Waco, TX
Rows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2 KXXV-2	25 44 46 9.1 10.1 25.1	N N E I N N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX Waco, TX

EGAL NAME OF Grande Com			works, LLC					SYSTEM I 54
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		ONEL OIGH		0,0		
							·	
							·	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Grande Communication	ons Netwo	orks, LLC					5434
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
I	In General: In space I, ident substitute basis during the a	iccounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions ir	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 		ur cable syste	m carry, on a substitute ba	isis, any noni	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if t	heir meaning	g is
				vision program ("substitute	e program") t	hat, during	the account	ting
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming	of another	station
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.					champic, i	LOVE LUCY	01
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the ECC or	in
	the case of Mexican or Car							
	Column 5: Give the more	nth and day		stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi		o cubetituto pr	ogram was carried by you	r cablo sveto	m list the	timos occur	atoly
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:0′				aleiy
	stated as "6:00–6:30 p.m."							
	Column 7: Enter the lett to delete under FCC rules			n was substituted for prog				
	was substituted for program							ograffi
	effect on October 19, 1976		, ,			0		
			E PROGRAM	4		N SUBST		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	1		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							<u> </u>	
							_	
								+
							_	
							_]

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC	S	YSTEM ID# 5434
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	3,019.13 ss 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.	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 \$137,10	00)	
	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		
	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		
Filia - Francis			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
246	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		hts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER Grande Communica	R OF CABLE SYSTEM: tions Networks, LLC				SYSTEM ID# 5434
M Channels	 to its subscribers, and (1. Enter the total numb system carried televis 2. Enter the total numb on which the cable sy 	(2) the cable system's tota er of channels on which the ion broadcast stations er of activated channels stem carried television broadcast	al number o he cable 	which the cable system carried television broa f activated channels during the accounting peri	iod.	9 385
N Individual to Be Contacted		ONTACTED IF FURTHER		ATION IS NEEDED (Identify an individual to wh	nom	
for Further Information					Telephone	609-681-2178
	(Numt	College Road East ber, street, rural route, apartmer nceton, NJ 08540 town, state, zip)				
	Email	chris.connolly@rc	cn.net	Fax (option	nal)	
O Certification	 I, the undersigned, her (Owner other (Agent of ow in line 1 of X (Officer or p in line 1 of I have examined the st 	eby certify that (Check one r than corporation or part rner other than corporatio of space B and that the owr partner) I am an officer (if a of space B. atement of account and he correct to the best of my kr	e, <i>but only or</i> rtnership) I ion or partn ner is not a d a corporation ereby declar	d and signed in accordance with Copyright Office, of the boxes.) am the owner of the cable system as identified in ership) I am the duly authorized agent of the ow corporation or partnership; or n) or a partner (if a partnership) of the legal entity e under penalty of law that all statements of fact iformation, and belief, and are made in good fait	n line 1 of space B ner of the cable sy y identified as own contained herein	ystem as identified
			Enter an elect	/ Parisa Salehani ronic signature on the line above to certify this sta re using an "/s/ signature" (e.g., /s/ John Smith)	tement.	
			Senior Vi	arisa Salehani ce President - Controller d in corporation or partnership)		
		Date:		2/24/	21	

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

unting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
nde Communications Networks, LLC	543
 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: "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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. 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? X NO YES. Enter the total here and list the satellite carrier(s) below. 	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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - 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 x - (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 Copyright Office, please	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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