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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	02/17/21	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	(YY/(Period))	

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20202 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.	60192
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		NEX-TECH LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 145 N MAIN	
		(Number, street, rural route, apartment, or suite number) LENORA, KS 67645	
	INCTO	(City, town, state, zip)	1
С		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system un 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)	
		(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 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI
Name		
	NEX-TECH LLC	601
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	I list will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home narks should be reported in parentheses below the
Area	identified city.	e nome parks should be reported in parentileses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	EDMOND	KS
Community	JENNINGS	KS
<b>,</b>		
	LENORA	KS
d Rows as Necessary	LOGAN	KS
	REXFORD	KS
	SELDEN	KS

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1-	TEM II		
Name	NEX-TECH LLC	ADLE STOTEM					010	6019		
Е	SECONDARY TRANSMISSION In General: The information in s				v transmission	service of t	he cable			
_	system, that is, the retransmission	-	-		•					
Secondary	about other services (including p									
Transmission	last day of the accounting period									
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•								
Rates	each category by counting the n									
	separately for the particular serv			•	•		ond.gou			
	Rate: Give the standard rate c									
	unit in which it is generally billed				rd rate variation	s within a	particular rate			
	category, but do not include disc Block 1: In the left-hand block				ondary transmis	ssion servi	e that cable			
	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 ur	nder "Servi	ce to the			
	first set" and would be counted of Block 2: If your cable system				service that are	e different f	rom those			
	printed in block 1 (for example, t	-								
	with the number of subscribers a					,				
	sufficient.	•	0		•					
	BLC	DCK 1 NO. OF	-			BLOCK	2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB		CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RA		
	Residential:									
	Service to first set		427 30.0	0 PREMI	ERE		351	48.		
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMISSIONS: RA	ATES						
F	In General: Space F calls for rate		,	•	• •					
Г	not covered in space E, that is, t				,	,				
Services	service for a single fee. There ar furnished at cost or (2) services	•	•	•		0()				
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.		-	-		•			
ransmissions:	Block 1: Give the standard rat		-							
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								
	brief (two- or three-word) descrip	• •	<b>,</b>		these other ser					
	CATEGORY OF SERVICE	BLO RATE	CK 1 CATEGORY OF S		RATE		BLOCK 2 DRY OF SERVICE	RAT		
	Continuing Services:	NATE	Installation: Non-		RATE	CATEGO	DRT OF SERVICE	DA I		
	• Pay cable	78.00	Motel, hotel			Sports	& Entertain.	13.		
	• Pay cable—add'l channel		Commercial			Cinema		11.		
	• Fire protection		Pay cable			НВО		17.		
	•Burglar protection		Pay cable-add	'l channel			me & TMC	10.		
	Installation: Residential		Fire protection			Starz! E		12.		
		99.00	Burglar protect							
	• First set		÷ .							
	First set     Additional set(s)	110 00	Uther services.							
	<ul> <li>Additional set(s)</li> </ul>	110.00	• Reconnect		30.00					
	• Additional set(s) • FM radio (if separate rate)	110.00	Reconnect		30.00					
	<ul> <li>Additional set(s)</li> </ul>	110.00	Reconnect     Disconnect	n						
	• Additional set(s) • FM radio (if separate rate)	110.00	Reconnect		30.00 110.00 99.00					

	LEGAL NAME OF OWNER OF	E CARLE SYSTEM		SYSTEM
Name	NEX-TECH LLC	CADLE STOTEM.		601
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an <b>Substitute Basis Stations</b> basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain sta- ried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting over tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. he community to which the station	E-time basis under arams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each boort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNC	2	N	GREAT BEND, KS
	KLNE	3	E	LEXINGTON, NE
ld Rows as Necessary	KBSH	7	N	HAYS, KS
	KSNK	8	N	McCOOK, NE
	KOOD	9	E	HAYS, KS
	KAKE	10	N	WICHITA, KS
	KGIN	11	N	GRAND ISLAND, NE
	KHGI	13	N	KEARNEY, NE
	кмтw	17	l	WICHITA, KS
	KSCW	23	l	WICHITA, KS
	KSAS	24	Ν	WICHITA, KS
	KWCH-DT2	110	N-M	WICHITA, KS
	KAKE-DT2	180	N-M	WICHITA, KS
	KMTW-DT2	181	I-M	WICHITA, KS
	KSCW-DT3	182	I-M	WICHITA, KS
	KOOD-DT3	183	E-M	HAYS, KS
	KSCW-DT2	184	I-M	WICHITA, KS
	KSAS-DT3	185	N-M	WICHITA, KS
	KMTW-DT3	186	I-M	WICHITA, KS
	KSAS-DT2	187	N-M	WICHITA, KS
	KOOD-DT2	189	E-M	HAYS, KS
	KSCW-DT4	190	I-M	WICHITA, KS
	KSCW-DT4 KWCH-DT4	190 192	I-M	WICHITA, KS WICHITA, KS

counting Period:	2020/2			FORM SA1-2E. PAGE				
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID				
Name	NEX-TECH LLC			6019				
	PRIMARY TRANSMITTERS:							
G	carried by your cable system	n during the accounting period, excer	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network prograr	ne basis under				
Primary			61(e)(2) and $(4))];$ and $(2)$ certain static					
Transmitters:		s explained in the next paragraph.						
Television			carried by your cable system on a subs	stitute program				
		les, 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 <i>only</i> on a substitute basis.							
	<ul> <li>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.</li> </ul>							
			program services such as HBO, ESPN					
			e-air designation. For example, repor					
	"WETA-2" as the same on t	"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.							
		, ,,,,	,					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

NEX-TECH	F OWNER OF (	JADLE 3	TSTEM.					SYSTEM   601
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
ecceivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C	) it is carried by monitoring, to ormation abou orm. dentify the call State whether t f the radio stat this by placing Give the statior	y the sys be recein the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under C stem whenever it is received a ived 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	2) it can ertain st leneral 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	
	FM		HILL CITY, KS					
(KDT (QMA	FM FM		BURDETT, KS PHILLIPSBURG, KS					
QIVIA			PHILLIPSDUKG, KS					
	+							
							·	

Accounting Perio	od: 2020/2						FOR	VI SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	NEX-TECH LLC							60192
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN				5			
Special	During the accounting per	-			isis, anv noni	network tele	evision proa	ram
Statement and	broadcast by a distant sta	-						× NO
Program Log	-					L	YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if tl	heir meanin	a is
	clear. If you need more spa	ace, please	add additional	rows to the tables.				-
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter asting the substitute prog				
				the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car							
	<b>Column 5:</b> Give the mor first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numeral	s, with the r	nonth
			e substitute pr	ogram was carried by you	r cable svste	m. List the	times accur	atelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	ar "D" if the	listed program	n was substituted for prog	remains a the	t vour ovete		ire d
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976							
	S	UBSTITUT	E PROGRAM	1		N SUBSTI AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 60192
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	5,404.43 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 \$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	his six-mon	
	accounting period is \$52.00 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 \$ 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		
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 informat		nts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: C				SYSTEM ID# 60192
M Channels	to its subscribers 1. Enter the total system carried	bu must give (1) the number of s, and (2) the cable system's to I number of channels on which television broadcast stations .	otal number of activated	channels during the acc	counting period.	24
	on which the ca	able system carried television l ast services	broadcast stations			. 346
N Individual to Be Contacted		BE CONTACTED IF FURTHI about this statement of accoun		IEEDED (Identify an ind	ividual to whom	
for Further Information	Name	Scott Roe			Telephone	785-625-7070
	Address	2418 Vine Street (Number, street, rural route, apartm Hays, KS 67601 (City, town, state, zip)	nent, or suite number)			
	Email	sroe@nex-tech.	.com		Fax (optional)	
O Certification	I, the undersigned     (Owned)     (Agening)     (Agening)     (Agening)     (Agening)     (Officient)     (In lave examined)	(This statement of account mu ed, hereby certify that (Check o er other than corporation or p t of owner other than corpora line 1 of space B and that the or er or partner) I am an officer (i line 1 of space B. d the statement of account and e, and correct to the best of my on 1001(1986)]	ne, <i>but only one</i> , of the b artnership) I am the owr ition or partnership) I ar wner is not a corporation if a corporation) or a partr hereby declare under per	oxes.) Ier of the cable system as n the duly authorized age or partnership; or ner (if a partnership) of th nalty of law that all staten	s identified in line 1 of space ent of the owner of the cable le legal entity identified as o nents of fact contained here	e B; or e system as identified wner of the cable system
			Enter an electronic signat	a S. Goddard ure on the line above to c '/s/ signature" (e.g., /s/ Jo		-
		Typed or printed Title: (Title of of	name: Rhonda S Chief Financial C ficial position held in corporat			
		Date:			02/23/2021	

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

ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
X-TECH LLC	6019
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: <ul> <li>"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."</li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul> </li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     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 Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here       -         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 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	-
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         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 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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         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 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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing.         Owner	
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         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 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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing.         Owner	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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