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 COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	03/01/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING 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			
		Instructions:	
В		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.	060206
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323	
		(Number, street, rural route, apartment, or suite number) TYLER, TX 75701	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System		IDENTIFICATION OF CABLE SYSTEM:	
	1	ST. MARIES, ID	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	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 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: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 060206
D Area	Instructions: List each separate community served by the cable system. A "cc separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or n city.	ommunity" is the same as a "community unit" as defined in FCC rules: "a ed communities within unincorporated areas and including single, discrete t will serve as a form of system identification hereafter known as the "first
Served		
First Community	CITY OR TOWN ST. MARIES	STATE ID
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM ID
Name									06020
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
_	system, that is, the retransmission			-		•			
Secondary	about other services (including p	oay cable) in sp	oace F, r	not here. All the	facts you	u state must be			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	`		,	,	,	hla avatan	brokon	
scribers and	down by categories of secondary						,	,	
Rates	each category by counting the n	•		•		•			
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ly standa		o within a		
	Block 1: In the left-hand block			•		•			
	systems most commonly provide that applies to your system. Note							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of							e	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,.		
	sufficient.		-						
	BLC	CK 1 NO. OF					BLOCI	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		56	34.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		10	45.95					
	Converter								
	Residential Non-residential			••••••					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES					
F	In General: Space F calls for rat	``	,		•	, ,			
	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any rat	tes are ch	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	a system for ea	ch of the	applicable servi	cas listad		
Rates	Block 2: List any services that								
	listed in block 1 and for which a	separate charg	je was n	nade or establis	hed. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	otion and includ	le the ra	ite for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	47.00		ation: Non-resid	dential				
	Pay cable	17.00		tel, hotel mmercial					
		40.00	·Cor	nnercial					
	• Pay cable—add'l channel	19.00	• Door	(cable					
	Pay cable—add'l channel Fire protection	19.00		/ cable / cable-add'l ch	annel				
	 Pay cable—add'l channel Fire protection Burglar protection 	19.00	• Pay	v cable-add'l cha	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Fire	v cable-add'l cha	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	99.00	• Pay • Fire • Bur	v cable-add'l cha	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Fire • Bur Other s	v cable-add'l cha protection glar protection	annel	40.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	99.00	• Pay • Fire • Bur Other s • Rec	v cable-add'l cha e protection glar protection services:	annel	40.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	99.00	• Pay • Fire • Bur • Bur • Rec • Dise	v cable-add'l cha e protection glar protection services: connect	annel	40.00			

Name				
Nume	LEGAL NAME OF OWNER C			SYSTEM ID
	CEQUEL COMMUNIC			06020
G Primary ansmitters: elevision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do not list the station here station was carried only of • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	entify every television station (including tr em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. s: With respect to any distant stations car- rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried I ion 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-til carriage of certain network progra (e)(2) and (4))]; and (2) certain sta ried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also the page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over tation, an independent station, or a for network multicast), "I" (for indepu- "E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	me basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAYU-1	28	I	SPOKANE, WA
				JORANE, WA
	KHQ-1	6	N	SPOKANE, WA
Rows as Necessary	KHQ-1 KHQ-2	6 6.2	N I-M	
Rows as Necessary				SPOKANE, WA
Rows as Necessary	KHQ-2	6.2	I-M	SPOKANE, WA SPOKANE, WA
Rows as Necessary	KHQ-2 KREM-1	6.2 2	I-M N	SPOKANE, WA SPOKANE, WA SPOKANE, WA
Rows as Necessary	KHQ-2 KREM-1 KSPS-1	6.2 2 7	I-M N E	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA

CEQUEL CO	MMUNICA							SYSTEM 060
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei It the Co sign of e he statio ion's sign g a checl n's locatio	Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In 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 hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	<u>e/D</u>	LOCATION OF STATION	CALL SIGN	AM or FM	e/D	LOCATION OF STATION	
CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 060206
	SUBSTITUTE CARRIAGE							
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non ccounting pe	network televis eriod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				0		•••	
Special Statement and	During the accounting peri-	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	sion progran	
Program Log	broadcast by a distant stat	ion?					YES	NO
	Note: If your answer is "No'	', leave the	rest of this pag	je blank. If your answer is '	ʻYes," you mu	ust complete	e the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every nor distant stati gulations, o ies like "mor Bulls." n was broad sign of the s idcast static adian statio daian statio th and day "e "5/7." es when the Example: a er "R" if the ind regulatio ming that y	im on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst e substitute pro program carri- listed program ons in effect du	rows to the tables. ision program ("substitute j ur cable system substitute s. See page (v) of the gene itball." List specific program r "Yes." Otherwise enter "N asting the substitute progra ne community to which the community with which the tem carried the substitute j gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	program") that d for the prog eral instruction in titles, for ex lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 umming that y ; enter the let	at, during the ramming of ns for furthe ample, "I Lo nsed by the tified). a numerals, List the tim 28:30 p.m. s rour system ter "P" if the	e accounting another sta er informatio ove Lucy" or e FCC or, in with the more hes accurate hould be was <i>require</i> e listed progr	g tion n. hth ely
	s	UBSTITUT	E PROGRAM		11	EN SUBSTI IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. 1 FROM	rimes — to	DELETION
							_	
							_	
							_	
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Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 060206
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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 mount, see	5,719.07 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 \$63,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th 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
	1. Base amount under statutory formula		
	7. Multiply line 6 by .005 (enter figure here)		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K \$ 263,800.00 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 4 4 4. Multiply line 3 by .01 5 8 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		
	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 15.00	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # <u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 060206
M Channels	to its subscriber 1. Enter the tota system carrie 2. Enter the tota	s, and (2) the cable system's to I number of channels on which	otal num h the cab s s		ecounting period.	7
		-				132
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accourt		ORMATION IS NEEDED (Identify an ind	dividual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address 	3015 S SE LOOP 323 (Number, street, rural route, apartm TYLER, TX 75701 (City, town, state, zip) RODNEY.HASK		te number) LTICEUSA.COM	Fax (optional	
O Certification	I, the undersigne (Owne (Agent X (Office I have examined are true, comple	d, hereby certify that (Check one r other than corporation or pa of owner other than corporat in line 1 of space B and that the er or partner) I am an officer (if in line 1 of space B. the statement of account and he te, and correct to the best of my	e, <i>but on</i> artnershi tion or p e owner is f a corpor	tified and signed in accordance with C by one, of the boxes.) p) I am the owner of the cable system as artnership) I am the duly authorized age not a corporation or partnership; or ation) or a partner (if a partnership) of the clare under penalty of law that all statemore ge, information, and belief, and are made	s identified in line 1 of space E ent of the owner of the cable s e legal entity identified as own ents of fact contained herein	system as identified
	[18 U.S.C., Sect	Typed or printed	Enter sig name: SVP, I	/s/ Alan Dannenbaum electronic signature on the line above to c nature using an "/s/ signature" (e.g., /s/ Jo ALAN DANNENBAUM PROGRAMMING position held in corporation or partnership)		-

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.

QUELCOMMUNICATIONS LLC P SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS P The determining the follow liver Act of 1986 an ended The 17, section 111((f)(1)(h), of the Copyright Act by adding the following semilance. P The determining the total number of subscribers and the gross anounts paid to the cable system shift no lincked subscribers and amounts collected from subscribers teceving secondary transmissions pursuant to section 115.* P Formers information on when to exclude these amounts, see the note on page (vii) of the general instructions P Image datases Image datases Image datases Image datases <th>unting Period: 2020/2</th> <th>FORM SA1-2E. PAGE</th>	unting Period: 2020/2	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS IN Statelite home Viewer Act of 1998 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following sections: The Statelite home Viewer Act of 1998 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following sections: The statelite home Viewer Act of 1998 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following sections: The determining the total number of subacribers and the gross amounts paid to the cable system for the basic actives and anomatic calculated from subacribers receiving sectional systems in the include sub- scienters and anomatic calculated from subacribers receiving sectional sections in subacribers receiving sectional system in the cable system for the basic actives and anomatic calculated from subacribers receiving sectional systems instructions focated in the paper SA1-2 form. Then the interest rate of different section and system is submitted as a result of a late payment or underpayment. For an explanation of interest rates and enter the sum here	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(q)(1)(A), of the Copyright Act by adding the fol- tioning sentence: The determining the total number of subscribers and the gross amounts paid to the cable system of the basic sorvice of providing secondary transmissions oprimary toradest transmitters. The system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. ¹ For more information on when to exclude these amounts, see the note on page (vii) of the general instructions consering Grow made by satellite carriers to satellite dish owners? We the satellite carriers to satellite dish owners? Name Melling Address Melling A	QUEL COMMUNICATIONS LLC	06020
Name Name Maling Address Maling Address INTEREST ASSESSMENT Maling Address 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment x	 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 	P Special Statement Concerning Gross Receipts Exclusion
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page: Comparison of the paper SA1-2 form. Image: Comparison of Comparis	Name Name	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page: Comparison of the paper SA1-2 form. Image: Comparison of Comparis		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
x		
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
contact the Licensing Division at (202) 707-8150 or licensing@copyright.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 Address ID number First community served	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Address ID number First community served	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Address ID number First community served	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
First community served	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
First community served	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Accounting period	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen

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