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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	ctions are located of this workbook	03/02/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED B	BY THIS STATEMENT: (YY	YY/(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 the subsidiary, not that of the parent corpo	-	ary of another corporation, give the full corpor	ate title of
Owner	List any other name or names under which	the owner conducts the business of the	e cable system.	
	If there were different owners during the a statement of account and royalty fee paym		e last day of the accounting period should subn od.	nit a single
	Check here if this is the system's first filing.	If not, enter the system's ID number as	signed by the Licensing Division.	062601
	LEGAL NAME OF OWNER/MAILING			
	CEQUEL COMMUNICATIONS LLC	ADDRESS OF CABLE STSTEM		
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF C 3027 S SE LOOP 323	CABLE SYSTEM		
	(Number, street, rural route, apartment, or suite nu	imber)		
	TYLER, TX 75701 (City, town, state, zip)			

 C
 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

 System
 1
 IDENTIFICATION OF CABLE SYSTEM: GREENE STATE CORRECTIONAL INSTITUTION

 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 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		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "com	062601
D	separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo	communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first
Area Served	city.	bile nome purks should be reported in parentiteses below the identified
	CITY OR TOWN	STATE
First	WAYNESBURG	PA
Community	(GREENE SCI)	
d Rows as Necessary		
nons as necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT								06260
E	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	, , ,	,		,		those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetor	broken	
scribers and	down by categories of secondary	•						,	
Rates	each category by counting the n			•		•			
	separately for the particular serv							as and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				Standa		o within a		
	Block 1: In the left-hand block			•					
	systems most commonly provide							0,	
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o	0			· · ·				
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•	,	-	
	sufficient.								
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEI	RS	RATE	CATE	GORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		410	40.71					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	SIONS: RATES					
E	In General: Space F calls for rat	`	,	1		, ,			
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur	it in which it is ι							
Secondary	enter only the letters "PP" in the				of the s		ana lintad		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and include	e the ra	te for each.					
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE (CATEG	ORY OF SERVIO	CE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		nstalla	tion: Non-reside	ential				
	• Pay cable	-	• Mot	el, hotel					
	Pay cable—add'l channel	-		nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l char	nel				
	Installation: Residential			protection					
	• First set	-		glar protection					
	Additional set(s)	- 0		ervices:					
	• FM radio (if separate rate) • Converter			onnect connect		-			
			 Disc 	CONACT					1
	Converter	••••••							
	Conventer		• Out	let relocation ve to new addres	_	-			

ting Period: 2	2020/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
lune	CEQUEL COMMUNIC	ATIONS LLC		0626
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary smitters:	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a	entify every television station (including tr m 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.	(1) stations carried only on a part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain sta	me basis under ams [sections tions carried on a
levision	basis under specific FCC r	S: With respect to any distant stations car ules, regulations, or authorizations: re in space G—but do list it in space I (the		
	station was carried only on	a substitute basis.		
	basis. For further information	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro	see page (v) of the general instruct	ions.
	multicast stream associate "WETA-2" as the same on	d with a station according to its over-the-	air designation. For example, repo	ort multistream
		el number the FCC assigned to the telev	vision station for broadcasting over	the air in its community
		VRC is channel 4 in Washington, D.C. h case whether the station is a network st	tation an independent station or a	popcommercial
		ering the letter "N" (for network), "N-M" (for	•	
	(for independent multicast)	, "E" (for noncommercial educational), or	"E-M" (for noncommercial educati	
		erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t		is licensed by the
		adian stations, if any, give the name of the		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDKA-1	2	Ν	PITTSBURGH, PA
	KDKA-1 WPCB-1	2 40	N I	PITTSBURGH, PA GREENSBURG, PA
Necessary			N 	
Necessary	WPCB-1	40	N 	GREENSBURG, PA
Necessary	WPCB-1 WPCW-1	40 19	N I I I N	GREENSBURG, PA PITTSBURGH, PA
Necessary	WPCB-1 WPCW-1 WPGH-1	40 19 53	 	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA
Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1	40 19 53 11	I I I N	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
; as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
s as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
vs as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
vs as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
ws as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
ws as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
ws as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
ws as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
vs as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
ws as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
ws as Necessary	WPCB-1 WPCW-1 WPGH-1 WPXI-1 WQED-1	40 19 53 11 13	I I N E	GREENSBURG, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA

EGAL NAME OF								SYSTEM 062
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stati this by placing Sive the station	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	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 je (v) of the ge ystem as a se ed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
				1		C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 062601
I	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the au	ify <i>every non</i> ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or a	uthorizations.	For a further
Substitute Carriage: Special Statement and Program Log	 explanation of the programm 1. SPECIAL STATEMENT During the accounting per broadcast by a distant star Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the more first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter of the state the text of the state of the sta	ing that mus ing that mus iod, did you tion? ", leave the EPROGRA titute progra ice, please a of every nou distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast statici adian statio adian statio ith and day ve "5/7." es when the Example: a er "R" if the	t be included in NING SUBST r cable system rest of this page mon a separa add additional in network televi- ion and that yo r authorization: vies" or "baske dcast live, ente station broadca on's location (th ns, if any, the of when your sys e substitute pro program carri listed program	this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute bas ge blank. If your answer is te line. Use abbreviations rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen stiball." List specific program r "Yes." Otherwise enter "I usting the substitute program r e community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for program	e general instru is, any nonne "Yes," you mu "Yes," you mu wherever pos program") that d for the prog eral instruction n titles, for ex No." m. station is lice station is lice	uctions in the twork telev ust comple asible, if the asible, asible, asible, as a asible, as a as a asible, as a as a as a as a as a as a as a as	vision program vision program YES te the program eir meaning is the accounting of another stam the accounting the accounting t	2 form. n X NO m s g tion n. hth Hy
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	nming that y		s permitted to delete unde	r FCC rules a		tions in	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. FROM	TIMES — TO	DELETION
								+
					· · · · · · · · · · · · · · · · · · ·			

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID 062601
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	,250.17 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. 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 \$ 263,800.00 2. Enter amount of gross receipts from space K		
	7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		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	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 15.00	
	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:	020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		SYSTEM ID# 062601
M Channels	 to its subscribers, and (2) the cable system's tot 1. Enter the total number of channels on which system carried television broadcast stations . 2. Enter the total number of activated channels 		7
	on which the cable system carried television and nonbroadcast services	roadcast stations	45
N Individual to Be Contacted	we can contact about this statement of account	R INFORMATION IS NEEDED (Identify an individual to whom)	
for Further Information	Name RODNEY HASKINS	Telephone	(903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)	it, or suite number)	
	Email RODNEY.HASKIN	IS@ALTICEUSA.COM Fax (optional	
O Certification	 I, the undersigned, hereby certify that (Check one, (Owner other than corporation or part (Agent of owner other than corporation in line 1 of space B and that the of X (Officer or partner) I am an officer (if a in line 1 of space B. I have examined the statement of account and her are true, complete, and correct to the best of my k [18 U.S.C., Section 1001(1986)] 	be certified and signed in accordance with Copyright Office regulations) <i>but only one</i> , of the boxes.) nership) I am the owner of the cable system as identified in line 1 of space E n or partnership) I am the duly authorized agent of the owner of the cables s wher is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal entity identified as own eby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith. X /s/ Alan Dannenbaum hter an electronic signature on the line above to certify this statement. ther signature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified
	Typed or printed n Title:		
	Date:	2/25/2021	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06260
 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.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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 Assessment
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 - x	Interest Assessmen
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
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 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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please 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	Interest Assessmen
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

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