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 COPYRIGE	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	01/22/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20202 Barcode Data Filing Period (optional - see instructions)
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
		CCI Systems, Inc. (FKA Cable Constructors Inc)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	-	Astrea
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 190 (Number, street, rural route, apartment, or suite number)
		Iron Mountain, MI 49801 (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 unless these s 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Nume	CCI Systems, Inc. (FKA Cable Constructors Inc)	62932
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or n	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know lings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Wonewoc	W
Community	Union Center	WI
Add Rows as Necessary		

								FORM SA	
Name	LEGAL NAME OF OWNER OF C							513	1 STEM 629
	CCI Systems, Inc. (FKA	Cable Con	structo	ors Inc)					023
_	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRIE	BERS AND R	ATES				
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period						nose exist	ing on the	
Service: Sub-	Number of Subscribers: Both	·				,	ble system	, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular serv							charged	
	Rate: Give the standard rate of							e and the	
	unit in which it is generally billed	. (Example: "\$2	20/mth").	Summarize a	any standa		-		
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide			-		-			
	that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count un	der "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t	•							
	with the number of subscribers a					•	,		
	sufficient.				1				
	BLC	BLOCK 1 BLO						. 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:				_				
	Service to first set		20	38.95	Expand	led		24	40.
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
F	In General: Space F calls for rate	te (not subscrit	per) infor	mation with re	espect to a	ll your cable sys	stem's serv	ices that were	
Г	not covered in space E, that is, t								
- ·	service for a single fee. There are	re two exceptio			n dive rate		cerning (1)	services	
Services	furnished at cost or (2) services	or facilities furr	hished to	nonsubscrib	•		• • • •	ooth the	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur				ers. Rate in	nformation shou	ld include i		
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the	nit in which it is rate column.	usually l	oilled. If any r	ers. Rate in ates are ch	nformation shou narged on a vari	ld include i able per-pr		
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat	nit in which it is rate column. te charged by t	usually l he cable	oilled. If any r system for e	ers. Rate in ates are ch ach of the	nformation shou narged on a vari applicable servio	ld include i able per-pr ces listed.	ogram basis,	
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the	nit in which it is rate column. te charged by t t your cable sys	usually l he cable stem furr	oilled. If any r system for e hished or offe	ers. Rate in ates are ch ach of the red during	nformation shou narged on a vari applicable servio the accounting p	ld include i able per-pr ces listed. period that	rogram basis, were not	
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	hit in which it is rate column. te charged by t t your cable sys separate charg	usually l he cable stem furr je was m	oilled. If any r system for e hished or offe ade or establ	ers. Rate in ates are ch ach of the red during	nformation shou narged on a vari applicable servio the accounting p	ld include i able per-pr ces listed. period that	rogram basis, were not	
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	hit in which it is rate column. te charged by t t your cable syst separate chargo ption and includ	usually l he cable stem furr je was m de the ra	oilled. If any r system for e hished or offe ade or establ	ers. Rate in ates are ch ach of the red during	nformation shou narged on a vari applicable servio the accounting p	ld include i able per-pr ces listed. period that	rogram basis, were not e form of a	
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	hit in which it is rate column. te charged by t t your cable sys separate charg	usually I he cable stem furr je was m de the ra CK 1	oilled. If any r system for e hished or offe ade or establ	ers. Rate in ates are ch ach of the red during ished. List	nformation shou narged on a vari applicable servio the accounting p	Id include h able per-pr ces listed. period that vices in the	rogram basis, were not	RAT
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip	hit in which it is rate column. te charged by t t your cable system separate charge btion and inclue BLOO	usually I he cable stem furr ge was m de the ra CK 1 CATEG	billed. If any r system for e hished or offe hade or establ te for each.	ers. Rate in ates are ch ach of the red during ished. List VICE	nformation shou narged on a vari applicable servio the accounting p these other ser	Id include h able per-pr ces listed. period that vices in the	ogram basis, were not e form of a BLOCK 2	E RAT
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ting Period:				
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 62932
	CCI Systems, Inc. (FK PRIMARY TRANSMITTERS:	(A Cable Constructors Inc)		02332
G rimary Ismitters: Ievision	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru	entify every television station (including m during the accounting period, except n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub	me basis under ims [sections ions carried on a ostitute program
	• List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel	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 the form. el number the FCC assigned to the tele	see page (v) of the general instructio program services such as HBO, ESP e-air designation. For example, repo	ons. N, etc. Identify each rt multistream
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. a case whether the station is a network wing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station is	endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WKOW	6	Ν	Madison, WI
	WKOW	<u>6</u>	N	Madison, WI
	WISC	3	N	Madison, WI
; as Necessary				······································
as Necessary	WISC	3	N	Madison, WI
is Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
s as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
: as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
/s as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
vs as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
vs as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
ws as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
vs as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
ws as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
ws as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
ws as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
ws as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI
ws as Necessary	WISC	3	N	Madison, WI
	WMSN	22	N	Madison, WI
	WMTV	4	N	Madison, WI

EGAL NAME OF			e Constructors Inc)					SYSTEM I 629
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-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. 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 par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ii 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	
OALL OIGH		0,0		OALL DIGIN	AWOTTW	0,0		

Accounting Perio	od: 2020/2						FORM	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				62932
					<u>.</u>			
	SUBSTITUTE CARRIAG							
I	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm							
Substitute Carriage:					ne general in			
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 		ur cable syster	n carry, on a substitute ba	isis, any noni	network telev	lision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you i	must comple	te the proc	aram
	log in block 2.	,		5 5	, ,		1.0	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if the	eir meaning	a is
	clear. If you need more spa				·	,		5
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			etball. List specific progra		example, i L	Ove Lucy	01
			dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broado	asting the substitute prog	ram.			
				the community to which th			e FCC or,	in
	the case of Mexican or Car			stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		when your sy		e program. O	se numerais	, wiur uie ii	nontin
			e substitute pr	ogram was carried by you	r cable syste	m. List the ti	mes accura	ately
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."	"D":(1)						
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your oyotoin n			o ana rogala		
								1
						N SUBSTIT		
	S		E PROGRAM			AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH AND DAY	6. TII		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM -	- то	
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Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID# 62932
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 transmit (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	1,194.51 ss receipts)
Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	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 \$137,1		02.00
	1. Base amount under statutory formula		
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 62932
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	4 34
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kelly Tuttle Telephone	906-776-2662
	Address 105 Kent St. (Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801 (City, town, state, zip) Email christopher.flanick@astreaconnect.com Fax (optional) 906-828-328	9
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership) or partnership or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Typed or printed name: Jacob Mulaikal Title: CFO (Title of official position held in corporation or partnership) 	system as identified /ner of the cable system
	Date: 01/15/2021	

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

ounting Period: 2020/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
I Systems, Inc. (FKA Cable Constructors Inc)	62932
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? 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	
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 Assessment
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 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	
* 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 Address	

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