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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
2-26-21	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31									
Accounting		20202 Barcode Data Filing Period (optional - see instructions)									
Period											
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.									
Owner		List any other name or names under which the owner conducts the business of the cable system.									
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.									
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
		ELONE WHILE OF OWNERWINGLING ADDRESS OF GABLE STOTEIN									
		The Farmers Telephone Company LLC									
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM									
		525 Junction Road									
		(Number, street, rural route, apartment, or suite number)									
		Madison, WI 53717 (City, town, state, zip)									
С	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these									
C	name	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:									
		TDS Telecom, Inc.									
		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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2020/2	
	T	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	The Farmers Telephone Company LLC Instructions: List each separate community served by the cable system. A "com	63633
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 florite parks should be reported in parentireses below the identified
	CITY OR TOWN	STATE
First	Lancaster	WI
Community	Cassville	WI
	Potosi	WI
Add Rows as Necessary		

Accounting Period: 2020/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

The Farmers Telephone Company LLC

SYSTEM ID# 63633

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	953	\$25/mo				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	9	\$55.54/mo				
Converter						
Residential	953	\$6/Mo.				
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: 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) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential			
Pay cable	14-19.99/mo	Motel, hotel			
Pay cable—add'l channel		Commercial	\$0 - \$49.95		
Fire protection		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	\$0-\$49.95	Burglar protection			
Additional set(s)	\$0-\$49.95	Other services:			
• FM radio (if separate rate)		Reconnect	\$0-\$25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

The Farmers Telephone Company LLC

SYSTEM ID# 63633

G

Primary
Transmitters:
Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, 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 only on a substitute basis.
- 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.

 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WKOW	27.1	N	Madison, WI
WKOW-DT2	27.2	N-M	Madison, WI
WKOW-DT3	27.3	N-M	Madison, WI
WKOW-DT4	27.4	N-M	Madison, WI
WKOW-DT5	27.5	N-M	Madison, WI
WISC	3.1	N	Madison, WI
WISC-DT2	3.2	N-M	Madison, WI
WISC-DT3	3.3	N-M	Madison, WI
WMSN	47.1	N	Madison, WI
WMSN-DT2	47.2	N-M	Madison, WI
WMSN-DT3	47.3	N-M	Madison, WI
WMSN-DT4	47.4	N-M	Madison, WI
WMTV	15.1	N	Madison, WI
WMTV-DT2	15.2	N-M	Madison, WI
WMTV-DT3	15.3	N-M	Madison, WI
WMTV-DT4	15.4	N-M	Madison, WI
WMTV-DT5	15.5	N-M	Madison, WI
WHA	21.1	E	Madison, WI
WHA-DT2	21.2	E-M	Madison, WI
WHA-DT3	21.3	E-M	Madison, WI
WHA-DT4	21.4	E-M	Madison, WI
WIFS	57.1	I	Janesville, WI

Accounting Period:	2020/2			FORM SA1-2E. PAGE 3.							
Name	LEGAL NAME OF OWNER O	SYSTEM ID#									
Name	The Farmers Telepho	63633									
	PRIMARY TRANSMITTERS:	TELEVISION									
C	· ·	entify every television station (including	•	•							
G	carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections										
Primary	ğ .	e)(2) and (4), or 76.63 (referring to 76.6		-							
Transmitters:	. •	s explained in the next paragraph.									
Television		With respect to any distant stations caules, regulations, or authorizations:	arried by your cable system on a subs	titute program							
		e in space G—but do list it in space I (th	ne Special Statement and Program Lo	g)—if the							
	station was carried only on		l hadh an a subadhuta basis and also a	an annual attention							
		also in space I, if the station was carried on concerning substitute basis stations,									
		n's call sign. Do not report origination p									
	multicast stream associate "WETA-2" as the same on	d with a station according to its over-the	-air designation. For example, report	multistream							
		el number the FCC assigned to the tele	vision station for broadcasting over th	e air in its community							
		/RC is channel 4 in Washington, D.C.									
		n case whether the station is a network string the letter "N" (for network) "N-M" (•								
	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 00.1 of Moxidan of 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							
		T									

SYSTEM ID#

The Farmers Telephone Company LLC

63633

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

	1						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
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Atina Davia	4. 2020/2						F01	DM OA4 OF DAGE 5	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	FM:				FOI	SYSTEM ID#	
Name	The Farmers Telephon							63633	
ı	SUBSTITUTE CARRIAGE In General: In space I, identi	ify every non	network televis	ion program, broadcast by	a distant statio				
Cubatituta	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Substitute Carriage:									
Special	ecial • During the accounting period, did your cable system carry on a substitute basis, any poppetwork television program.								
Statement and Program Log	broadcast by a distant stat	•	. cable eyete	ourly, or a substitute but	,,		YES	X NO	
i rogram Log	1			blank 16	"\/ "····				
	Note: If your answer is "No"	, leave trie	rest or triis pag	ge blank. Il your answer is	res, you mi	ust comple	ete trie progr	am	
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS						
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program	of every not of every not distant stati gulations, o ies like "mo Bulls." n was broad	add additional nnetwork televion and that your authorization vies" or "basked dcast live, ente	rows to the tables. ision program ("substitute our cable system substitute s. See page (v) of the gen	program") that ed for the prog eral instructio m titles, for ex	at, during t gramming ns for furtl	the accounti of another s her informati	ng tation ion.	
	Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give	adcast stationadian station adian station th and day we "5/7." es when the	on's location (the ns, if any, the when your sys substitute pro	ne community to which the community with which the tem carried the substitute gram was carried by your	e station is lice station is ider program. Use cable system	ntified). numerals List the t	s, with the m	onth	
	stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation	ons in effect du		d; enter the leter FCC rules a	tter "P" if t	he listed pro ations in		
	s	UBSTITUT	E PROGRAM				CURRED	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	
	N/A						_		
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Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	The Farmers Telephone Company LLC	63633
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tr (as identified in space E) during the accounting period. For a further explanation of how to compute 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.	ansmission service
	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60 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	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay accounting period is \$52.00	for this six-month
	Line 1. Royalty fee for accounting period	
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$	137,100)
	1. Base amount under statutory formula	.00
	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	.34_
	2. Base amount under statutory formula	.00
	3. Subtract line 2 from line 1	.34
	4. Multiply line 3 by .01	155.66
	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	
	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)	1,474.66
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,494.66
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Research See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab	

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF The Farmers Telephone					SYSTEM ID# 63633
M Channels	to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable sys	of channels on which on broadcast station of activated channels stem carried television	total nunch the cans		e accounting period.	380
N Individual to	INDIVIDUAL TO BE CON we can contact about this			FORMATION IS NEEDED (Identify a	n individual to whom	
for Further Information		anie Weber			Telephone	(608) 664-4721
	(Number,	unction Rd street, rural route, apartr on, WI 53593 n, state, zip)	ment, or su	uite number)		
	Email	Finance@tdsteleco	om.com		Fax (optional	
O Certification	I, the undersigned, hereby (Owner other the line 1 of owner in line 1 of owner in line 1 of owner in line 1 of owner in line 1 of owner in line 1 of owner in line 1 of owner in line 1 of owner in line 1 of owner in line 1 of owner in line 1 of owner in line 1 of owner in line 1 of owner in line 1 of owner in line 1 of owner in line 1 of owner in line 1 of owner in line 1 ow	certify that (Check or an corporation or p r other than corpora f space B and that the ner) I am an officer (if f space B. ment of account and orrect to the best of m	ne, but or partnersh ation or p e owner is if a corpo hereby de hereby de y knowled	ertified and signed in accordance with nly one, of the boxes.) hip) I am the owner of the cable system continuous partnership) I am the duly authorized is not a corporation or partnership; or continuous or a partner (if a partnership) of eclare under penalty of law that all standage, information, and belief, and are not selectronic signature on the line above a grature using an "/s/ signature" (e.g., /s.) Sharon V. Tisdale	n as identified in line 1 of space E agent of the owner of the cable s of the legal entity identified as own tements of fact contained herein hade in good faith.	system as identified
		Title:		stant Treasurer al position held in corporation or partnership		
		Date:			February 26, 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.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
e Farmers Telephone Company LLC	63633
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?	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	-
Line 2. Multiply line 4 by the interset rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
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	_
(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@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	
Accounting period	"

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.