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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	02/24/2021	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20202	2 Barcode Data Filing Period (option	al - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		sidiary of another corporation, give the full cor	porate title
Owner	List any other name or names under whic	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should sunting period.	ubmit a
	Check here if this is the system's first filin	g. If not, enter the system's ID number	r assigned by the Licensing Division.	63638
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	1	
	RS Fiber Cooperative			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	т)	
	MAILING ADDRESS OF OWNER OF			
	310 Main Avenue, PO Box (Number, street, rural route, apartment, or suite			
	Gaylord, MN 55334 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM	И:		
	2 (Number, street, rural route, apartment, or suite	number)		

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.

(City, town, state, zip code)

		FORM SA1-2E. PAG SYSTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	RS Fiber Cooperative	636
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including singl u list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	le home parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	Gaylord	MN
Community	Winthrop	MN
	Green Isle	MN
ld Rows as Necessary	Lafayette	MN
	New Auburn	MN
	Gibbon	MN
	Brownton	MN
	Fairfax	MN
	Buffalo Lake	MN
	Stewart	MN

	LEGAL NAME OF OWNER OF O							FORM SA1	TEM I
Name	RS Fiber Cooperative		•					010	636
Е	SECONDARY TRANSMISSION								
–	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								
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E call	for the number	er of subso	cribers to the ca			
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular service		0	0,0		•		s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	l. (Example: "\$	20/mth").	Summarize a	ny standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc				· •				
	Block 1: In the left-hand block systems most commonly provide			-					
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count u	nder "Servi	ice to the	
	first set" and would be counted o					convice that an	different	from these	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,.		
	sufficient.	,	3			1			
	BLO	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	Service to first set		619	43.62					
	 Service to additional set(s) 				1-3 HD	STB			0
	• FM radio (if separate rate)				4+ HD \$	STB			4
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		ANSMISS	SIONS: RATE	s				
F	In General: Space F calls for ra	•	,		-	• •			
	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services	•			0		• •	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			-					
ransmissions:	Block 1: Give the standard rate			•		• •		twore not	
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descrip				Shea. Elst		1000 11 11		
	, , ,								
		BLO RATE				RATE	CATEC	BLOCK 2 ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services:	NATE		ORY OF SER tion: Non-res		NATE	CATEG	ORT OF SERVICE	INA.
	Pay cable			el, hotel	lacintia				
				nmercial					
	 Pay cable—add'l channel 		-	cable					
	Pay cable—add'l channel Eire protection		l iay	JANIO					
	Fire protection		• Pav	cable-add'l ch	annel				
	Fire protection Burglar protection		· · ·	cable-add'l ch	lannel				
	Fire protection Burglar protection Installation: Residential		• Fire	protection					
	 Fire protection Burglar protection Installation: Residential First set 		• Fire • Burç	protection glar protection					
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Fire • Burg Other s	protection glar protection ervices:					
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Burg Other s • Rec	protection glar protection ervices: onnect					
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Fire • Burg Other s • Rec • Disc	protection glar protection ervices: onnect onnect					
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Burg Other s • Rec • Disc • Outl	protection glar protection ervices: onnect					

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	RS Fiber Cooperative			63
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channe of license. For example, With Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including tr im 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) is explained in the next paragraph. S: With respect to any distant stations carri- ules, 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 on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro- d with a station according to its over-the- the form. el number the FCC assigned to the televi /RC is channel 4 in Washington, D.C. n case whether the station is a network st ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list the	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program I both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	FCC. For Mexican or Canac 1. CALL SIGN	dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	e community with which the statio	on is identified. 4. LOCATION OF STATION
	KTCA (TPT2)	2.1	E	ST PAUL
	TPT MN	2.2	E-M	ST PAUL
Rows as Necessary	TPT-LIFE	2.3	E-M	ST PAUL
	WCCO	4	N	MINNEAPOLIS
	WCCODECADES	4.1	N-M	MINNEAPOLIS
	KSTP	5	N	MINNEAPOLIS
	KSTC	45	I	MINNEAPOLIS
	ME-TV	5.3	N-M	MINNEAPOLIS
	ANTTV	5.4	N-M	MINNEAPOLIS
	THIS-TV	5.6	N-M	MINNEAPOLIS
	H&I	5.7	N-M	MINNEAPOLIS
	MY29	29.1	I-M	MINNEAPOLIS
	KMSP	9	I-M	MINNEAPOLIS
	KARE	11	Ν	MINNEAPOLIS
	KARE WX NOW	11.2	N-M	MINNEAPOLIS
	KARE-JUSTICE	11.3	N-M	MINNEAPOLIS
	KARE-QUEST	11.4	N-M	MINNEAPOLIS
	WUCW	23	I-M	MINNEAPOLIS
	TBD	23.4	I-M	MINNEAPOLIS
	BUZZR	9.4	I-M	MINNEAPOLIS
	CHARGE	23.3	I-M	MINNEAPOLIS
			N-M	MINNEAPOLIS
	JUSTICE	11.3	IN-IVI	WINNEAFULIS
	JUSTICE WFTCMOVIES	9.3	I-M	MINNEAPOLIS

ounting Period:	: 2020/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	RS Fiber Cooperative			636
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	entify every television station (including m during the accounting period, <i>except</i>	t (1) stations carried only on a par	rt-time basis under
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a	in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca	1(e)(2) and (4))]; and (2) certain s	stations carried on a
	basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis.	he Special Statement and Program	m Log)—if the
	basis. For further information Column 1: List each station	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	see page (v) of the general instru program services such as HBO, E	uctions. SPN, etc. Identify each
	Column 2: Give the channer of license. For example, W Column 3: Indicate in each	el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network s	station, an independent station, or	r a noncommercial
	(for independent multicast) For the meaning of these to	ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), o erms, see page (iv) of the general instru on of each station. For U.S. stations, list	or "E-M" (for noncommercial educa uctions in the paper SA1-2 form.	ational multicast).
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	e community with which the station	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KPXM-ION	41.1	I	ST CLOUD
	KPXM QUBO	41.2	I-M	ST CLOUD
	KPXM LIFE	41.3	I-M	ST CLOUD

RS Fiber Co	• OWNER OF (operative		IUILIWI.					SYSTEM 636
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio 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 pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (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 enna, during co ge (v) of the g system 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	
							·	
							·	
						·		
						·		
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	RS Fiber Cooperative							63638
	SUBSTITUTE CARRIAG							
		-	-			tion that w	ur coblo ava	tom carried on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm	01	<i>'</i>	•	, 0	, ,		
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	During the accounting per	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tel	evision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?					YES	×NO
i rogram zog	-		reat of this no	an blank If your anower i	- "Vee " veu	∟ noust somen	_	
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer i	s res, you	must comp	iete the prot	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if t	heir meanin	a is
	clear. If you need more spa				o 1111010101 p			9.0
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the FCC or.	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numera	ls, with the r	nonth
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	r cahla sveta	m listthe	times accur	ately
	to the nearest five minutes.							atory
	stated as "6:00–6:30 p.m."							
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		, ,			0		
							TUT	
	s	UBSTITUT	E PROGRAM	1		N SUBSTI		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	1	TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
								"
							_	
							_	
							<u> </u>	
							_	
							_	
							<u> </u>	
							_	
								1
							_	
							_	
								1

Accounting Period:	2020/2		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SI	STEM ID#
Name	RS Fiber Cooperative			63638
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's seco (as identified in space E) during the accounting period. For a further explanation of how to c 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.	ondary transr compute this	nission service amount, se	,520.41
	COPYRIGHT ROYALTY FEE			
L 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 5 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than 5 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 		\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LES	S		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you m accounting period is \$52.00	nust pay for th	nis 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 the second	han \$137,10	00)	
	1. Base amount under statutory formula \$ 26	63,800.00		
	2. Enter amount of gross receipts from space K	37,520.41		
	· · · · · · · · · · · · · · · · · · ·	26,279.59		
	4. Enter the amount of gross receipts from space K	1	37,520.41	
	5. Enter the amount from line 3		26,279.59	
	6. Subtract line 5 from line 4		<u> </u>	
	7. Multiply line 6 by .005 (enter figure here)			56.20
		-		
	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	· · · · · · · · · · · · · · · · · · ·	\$	56.20
	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	63,800.00		
	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)		56.20	
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	[\$	76.20
	EFT Trace # or TRANSACTION ID #			
	Important: Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form and the Excel instruction			

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RS Fiber Cooperative	SYSTEM ID# 63638
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 on which the cable system carried television broadcast stations and nonbroadcast services	34 110
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 Manuel de Angel Telephone	(507)474-5840
	Address 58 Johnson Street (Number, street, rural route, apartment, or suite number) Winona, MN 55987 (City, town, state, zip) Email mdeangel@exchange.hbci.com Fax (optional)	
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) of the legal entity identified as ow in line 1 of space B. (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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. (I B U.S.C., Section 1001(1986))	system as identified /ner of the cable system
	Title: President and General Manager (Title of official position held in corporation or partnership)	
	Date: February 24, 2021	

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ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Fiber Cooperative	6363
 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 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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 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 * To view the interest rate chart click on it (202) 707-8150 or licensing@copyright.gov. For further assistance please	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	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	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	Interest Assessme

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