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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:		
		ansmissions by	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u>	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook			\$ 2/24/21		For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCO	DUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
Accounting Period		2020/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 - see instructions)		
В		Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare		idiary of another corporation, give the full c	orporate	
Owner		List any other name or names under which If there were different owners during the single statement of account and royalty fe Check here if this is the system's first filing	accounting period, only the owner on e payment covering the entire accour	the last day of the accounting period should ting period.	l submit a 63708	
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM			
		Zito West Holding LLC				
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	[)		
		Zito Media				
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		PO Box 665 (Number, street, rural route, apartment, or suite nu	mbar)			
		City, town, state, zip)				
С				ntify the business and operation of the system, if different from the addrest	5	
System	name					
e je te m	1	Zito Media - Unionville				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite nu	mber)			
		(City, town, state, zip code)				

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Zito West Holding LLC	633
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including sing ist will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Union Township	PA
Community	Huston Township	
	Fleming Borough	PA
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM.						FORM SA1	TEM IC
Name	Zito West Holding LLC	ADEL OTOTEN.						010	6370
Е	SECONDARY TRANSMISSION								
	In General: The information in s system, that is, the retransmission	•		-					
Secondary	about other services (including p								
Transmission	last day of the accounting period	I (June 30 or De	cembe	r 31, as the ca	se may be).		0	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondar each category by counting the n								
Rates	separately for the particular serv							chargeu	
	Rate: Give the standard rate of							e and the	
	unit in which it is generally billed				ny standar	d rate variations	within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ion of one	andors transmiss	ion oon <i>i</i> io	that apple	
	systems most commonly provide	•		•		•			
	that applies to your system. Not								
	categories, that person or entity				• •		•		
	subscriber who pays extra for ca					in the count und	er "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are (different fr	om those	
	printed in block 1 (for example, t	0							
	with the number of subscribers a					,		, 0	
	sufficient.								
	BL	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SER	VICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		150	17.00					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				-	l vern eeble evet	ana'a aamii		
F	In General: Space F calls for rain not covered in space E, that is, t	•	,		•	• •			
-	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services	or facilities furni	shed to	nonsubscribe	rs. Rate in	formation should	include b	oth the	
Other Than	amount of the charge and the ur		usually	billed. If any ra	ites are ch	arged on a varia	ble per-pro	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		o cable	system for ea	ch of the s	annlicable service	e listed		
Rates				•		••		vere not	
	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	
		BLOO	CK 1						
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
		RATE	CATEG	GORY OF SER	-	RATE	CATEGO		RAT
	CATEGORY OF SERVICE	RATE	CATEG Installa		-	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEG Installa • Mot	ation: Non-res	-	RATE	CATEGO		RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable	RATE	CATEG Installa • Mot • Cor • Pay	ation: Non-res tel, hotel mmercial / cable	idential	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mot • Cor • Pay	ation: Non-res tel, hotel mmercial	idential	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG Installa • Mot • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial / cable	idential	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	idential	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	RATE 17.95 30.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel nmercial / cable / cable-add'l ch 9 protection	idential	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 17.95 30.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection	idential	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.95 30.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services:	idential		CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 17.95 30.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	ation: Non-res tel, hotel mmercial cable cable-add'l ch protection glar protection services: connect	idential		CATEGO		RAT

Accounting Period:	2020/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Zito West Holding LL	С		63708
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations 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 basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these to Column 4: Give the location	m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. : With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. a case whether the station is a network ering the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instri n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also of s, see page (v) of the general instruction program services such as HBO, ESPN re-air designation. For example, report evision station for broadcasting over the station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. at the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATM	23	N	Altoona PA
	WATM	29.1		
	WINE	6	N	State College PA Johnstown PA
Add Rows as Necessary	WKBS	47.1		Altoona PA
	WPSU	3	E	Clearfield PA
	WTAJ	10	N	Altoona PA
	WWCP	8	N	Johnstown PA

Zito West He	F OWNER OF O		YSTEM:					SYSTEM I 637
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein at the Co l sign of o the static ion's sig g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the spyright 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 this point, see pa ed by the cable s re station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral in 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	
CALL OIGH		0/D		UALL DIGIN	AIN OF THE	0/0		

Name	od: 2020/2						FURI	A SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF Zito West Holding LLC		STEM:					SYSTEM ID# 63708
		,						63708
l	SUBSTITUTE CARRIAG In General: In space I, idem substitute basis during the a	tify every not	nnetwork televi period, under sp	<i>ision program,</i> broadcast by becific present and former F	 ⊂a <i>distant</i> sta CC rules, reg	ulations, or	authorization	ns. For a further
Substitute Carriage:	explanation of the programm				ne general ins	structions in	the paper S	A1-2 torm.
Special	During the accounting pe				sis. anv nonr	network tele	evision prog	ram
Statement and Program Log	broadcast by a distant sta		,				YES	× NO
	Note: If your answer is "No	o". leave the	e rest of this pa	ae blank. If vour answer is	s "Yes." vou i		-	-
	log in block 2.	,		5	, ,		1.5	
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the bro the case of Mexican or Cat Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every no a distant sta egulations, of ries like "mo Bulls." m was broa sign of the adcast statii hadian statii nath and day ve "5/7." es when th . Example: ter "R" if the and regulatin ming that	add additional onnetwork tele- tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (f ons, if any, the y when your sy e substitute pro a program carr e listed program ions in effect d	rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the gen etball." List specific progra er "Yes." Otherwise enter " asting the substitute progra the community to which the stem carried the substitute ogram was carried by your ried by a system from 6:01 n was substituted for progra	e program") ti ed for the pro- neral instruct m titles, for e No." am. e station is life e station is id program. U cable syste :15 p.m. to for ramming that d; enter the	hat, during ogramming ions for furt example, "I censed by t entified). se numeral m. List the f :28:30 p.m t your syste etter "P" if f	the account of another s her informa Love Lucy" he FCC or, s, with the n times accura . should be m was <i>requ</i> the listed pro	ing station tion. or in nonth ately <i>ired</i>
		UBSTITUT	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RI		7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
		+				· · · · · ·		
					·	· · · · · · · · · · · · · · · · · · ·		
						· · · · · · · · · · · · · · · · · · ·		
						· · · · · · · · · · · · · · · · · · ·		

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	SI	STEM ID# 63708
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. El 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 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.	nission service amount, see	,201.09
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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than s527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	3263,800	
	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 fo accounting period is \$52.00	r this six-montl	
	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	00)	-
	1. Base amount under statutory formula \$ 263,800.00		
	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		0.00
	9. TOTAL ROTALITY FEE PATABLE 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 \$ 263,800.00		
	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)	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 Zito West Ho	OWNER OF CABLE SYSTEM: Iding LLC	SYSTEM ID# 63708
M Channels	to its subscribe 1. Enter the tot	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable ed television broadcast stations	7
	on which the	al number of activated channels cable system carried television broadcast stations dcast services	95
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	 I, the undersign (Own (Agening (Agen	N (This statement of account must be certified and signed in accordance with Copyright Office regulations ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I int of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or her 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. ad the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	B; or system as identified ner of the cable system
		X /s/James Rigas Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)	
		Date: 02/26/2021	

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ounting Period: 2020/2		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
o West Holding LLC		6370
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EX The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A lowing sentence: "In determining the total number of subscribers and the gross amounts service of providing secondary transmissions of primary broadcast transcribers and amounts collected from subscribers receiving secondary to the second and the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of grade by satellite carriers to satellite dish owners?), of the Copyright Act by adding the fol- paid to the cable system for the basic asmitters, the system shall not include sub- transmissions pursuant to section 119." e (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Add	ress	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a For an explanation of interest assessment, see page (viii) of the general instru		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessmen
	x 1%	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	× 1%	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x 1%	_
	x 1%	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x 1%	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 1% 	
	x 1%	
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	x 1%	
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	x 1%	
 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 <i>www.copyright.gov/licensing/inter</i> 	x 1%	
 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 <i>www.copyright.gov/licensing/inter</i> contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. 	x 1% x days x 0.00274 \$ - (interest charge) est-rate.pdf. For further assistance please t for one day late. y submitted to the Copyright Office, please	
 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 <i>www.copyright.gov/licensing/inter</i> contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessmen NOTE: If you are filing this worksheet covering a statement of account already list below the owner, address, first community served, ID number, and account 	x 1% x days x 0.00274 \$ - (interest charge) est-rate.pdf. For further assistance please t for one day late. y submitted to the Copyright Office, please	
 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 <i>www.copyright.gov/licensing/inter</i> contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessmen NOTE: If you are filing this worksheet covering a statement of account already 	x 1% x days x 0.00274 \$ - (interest charge) est-rate.pdf. For further assistance please t for one day late. y submitted to the Copyright Office, please	
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