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

POR COPYRIGHT OFFICE USE ONLY DATE RECEIVED AMOUNT \$ 2-26-21 ALLOCATION NUMBER						
\$	FOR COPYRIGHT OFFICE USE ONLY					
2 26 24	DATE RECEIVED	AMOUNT				
	2-26-21	, , , , , , , , , , , , , , , , , , ,				

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	ACCOUNTING 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	Gi	structions: ive 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 le subsidiary, not that of the parent corporation.								
Owner	Lis	st any other name or names under which the owner conducts the business of the cable system.								
	1	there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single atement of account and royalty fee payment covering the entire accounting period.								
	Ch	neck here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63761							
	L	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		rvig Telephone Company								
		USINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	М	IAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		25 Junction Road								
		lumber, street, rural route, apartment, or suite number)								
		Madison, WI 53717								
	INSTRU	CTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un	less these							
С		llready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space.								
System	1	ENTIFICATION OF CABLE SYSTEM:								
	' Т	DS Telecom, Inc.								
	M	AILING ADDRESS OF CABLE SYSTEM:								
	2 (1)	lumber, street, rural route, apartment, or suite number)								
	_ ((1)	uniber, street, tutal route, apartitient, or Suite nulliber)								
	(Ci	ity, 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#							
	Arvig Telephone Company	63761							
D	Instructions: List each separate community served by the cable system. A "communiseparate and distinct community or municipal entity (including unincorporated community or municorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will secommunity." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile in the community of	munities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first							
Served	city.								
	CITY OR TOWN	STATE							
First Community	Peguot Lakes	MN							
Add Rows as Necessary									

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Arvig Telephone Company

SYSTEM ID# 63761

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.

BLO	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	810	\$25/mo					
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	4	\$55.54/mo					
Converter							
Residential	810	\$6/Mo.					
Non-residential							
	T	r			· · · · · · · · · · · · · · · · · · ·		

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	RATE	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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Arvig Telephone Company

63761

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
KSTP	42.1	N	St. Paul, MN
KSTP-DT2	42.2	N	St. Paul, MN
KARE	11.1	N	Minneapolis, MN
KARE-DT2	11.2	N-M	Minneapolis, MN
KARE-DT3	11.3	N-M	Minneapolis, MN
KARE-DT4	11.4	N-M	Minneapolis, MN
KMSP	9.1	N	Minneapolis, MN
KMSP-DT4	9.4	N-M	Minneapolis, MN
KPXM	41.1	Ī	St. Cloud, MN
кэтс	5.1	1	Minneapolis, MN
KSTC-DT3	5.3	I-M	Minneapolis, MN
KSTC-DT4	5.6	I-M	Minneapolis, MN
KSTC-DT6	5.6	I-M	Minneapolis, MN
KTCA	2.1	E	St. Paul, MN
KTCA-DT2	2.2	E-M	St. Paul, MN
KTCI	17.1	E	St. Paul, MN
wcco	4.1	N	Minneapolis, MN
WCCO-DT2	4.2	N-M	Minneapolis, MN
WFTC	29.1	I	Minneapolis, MN
WFTC-DT3	29.3	I-M	Minneapolis, MN
WUCW	23.1	I	Minneapolis, MN
WUCW-DT2	23.2	I-M	Minneapolis, MN
WUCW-DT3	23.3	I-M	Minneapolis, MN
WUCW-DT4	23.4	I-M	Minneapolis, MN

Accounting Period: 2	2020/2			FORM SA1-2E. PAGE 3.				
Namo	LEGAL NAME OF OWNER OF	SYSTEM ID#						
Name	Arvig Telephone Company							
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary	carried by your cable system FCC rules and regulations in	entify every television station (including in during the accounting period, except in effect on June 24, 1981, permitting the (2)(2) and (4), or 76.63 (referring to 76.6	(1) stations carried only on a part-time are carriage of certain network programs	e basis under s [sections				
Transmitters: Television	Substitute Basis Stations	s explained in the next paragraph. : With respect to any distant stations ca	arried by your cable system on a subst	itute program				
	• Do not list the station here	ules, regulations, or authorizations: e in space G—but do list it in space I (th	ne Special Statement and Program Log	g)—if the				
	station was carried <i>only</i> on	a substitute basis. also in space I, if the station was carried	I both on a substitute basis and also o	n same other				
	basis. For further informatio	on concerning substitute basis stations, and call sign. Do not report origination p	see page (v) of the general instruction	S.				
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the he form.	e-air designation. For example, report	multistream				
	of license. For example, W	el number the FCC assigned to the tele RC 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.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
1			<u> </u>					

Arvig Telephone Company

63761

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
	<u> </u>			1			

Accounting Perio	4. 2020/2						FOR	M CA4 OF DAGE E
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	FM·				FUR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Arvig Telephone Comp							63761
ı	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a	ify every non	nnetwork televis	sion program, broadcast by	a <i>distant</i> static			
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	During the accounting per				sis, any nonne	twork tele	vision progra	m
Statement and Program Log	broadcast by a distant stat	•	,	•	. ,		YES	X NO
r rogram Log	1							
	Note: If your answer is "No"	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	ust comple	ete the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUTE			uto line. Llee abbreviatione		مامانه المانه		: <u>-</u>
	In General: List each subst clear. If you need more spa				wherever pos	ssible, ii tr	ieir meaning	IS
				ision program ("substitute	program") tha	at, during	the accountin	g
	period, was broadcast by a							
	under certain FCC rules, re	•						
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	etball." List specific prograi	m titles, for ex	ample, "I	Love Lucy" o	r
			dcast live. ente	r "Yes." Otherwise enter "l	No."			
				asting the substitute progra				
				ne community to which the			he FCC or, in	ı
	the case of Mexican or Can			community with which the tem carried the substitute		,	e with the me	onth
	first. Example: for May 7 giv	-	when your sys	tem camed the substitute	program. Use	riumeras	s, with the file	oriur .
	. , ,		substitute pro	gram was carried by your	cable system.	. List the t	imes accurat	ely
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01	:15 p.m. to 6:2	28:30 p.m	. should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progr	omming that w	our oveter	m waa raayir	ad
	to delete under FCC rules a			was substituted for progra		-	•	
	was substituted for program							jiani
	effect on October 19, 1976.		•	•		Ü		
					T			1
		I IDOTITI IT	E PROGRAM	1		N SUBS	CURRED	7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
	N/A	<u> </u>						
							_	
							_	
		 			-			
							_	
							_	
		 						
		 	 					
		<u> </u>						
							_	
							_	
								
		 						
								
							_	
		 						
								
		†						
		 						

Accounting Period:	2020/2			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Arvig Telephone Company			S	YSTEM ID# 63761
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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.	stem's se of how to	condary transmocompute this a	nission service amount, see	0,662.84
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 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info	263,800			
	BLOCK 1: GROSS RECEIPTS OF \$137,1 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00 Line 1. Royalty fee for accounting period	fee that yo	ou must pay for t		
	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	s 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS				-
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	220,662.84		
	3. Subtract line 2 from line 1	\$	43,137.16		
	4. Enter the amount of gross receipts from space K		\$ 2	220,662.84	
	5. Enter the amount from line 3		\$	43,137.16	
	6. Subtract line 5 from line 4		\$ 1	177,525.68	
	7. Multiply line 6 by .005 (enter figure here)			\$	887.63
	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 ar	nd 8		\$	887.63
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but I	ess than \$527	,600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	5	263.800.00	•	
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01			•	
	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				
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	887.63	
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			\$	907.63
	EFT Trace # or TRANSACTION ID #				
	Important: Your remittance must be in the form of an electronic paymer See page i of the general instructions in the paper SA1-2 form and the Ex				

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.		
Name	LEGAL NAME OF OW Arvig Telephone	NER OF CABLE SYSTEM: Company				SYSTEM ID# 63761		
M Channels	1. Enter the total a system carried 2. Enter the total on which the carried.	, and (2) the cable system's	total num	ast stations	ing period.	381		
N Individual to Be Contacted								
for Further Information		Stephanie Weber 525 Junction Rd			Telephone	(608) 664-4721		
		Number, street, rural route, apartr Madison, WI 53593 City, town, state, zip)	ment, or suit	e number)				
	Email	Finance@tdsteleco	om.com	Fax	(optional			
	CERTIFICATION (T	his statement of account mo	ust be cer	tified and signed in accordance with Copyrigh	ht Office regulations)			
O Certification		, hereby certify that (Check or			5. I. F. A. (
	(Agent o	of owner other than corpora	ation or pa	 an the owner of the cable system as identiful artnership) I am the duly authorized agent of the not a corporation or partnership; or 				
	X (Officer			ation) or a partner (if a partnership) of the legal	entity identified as own	er of the cable system		
		, and correct to the best of m		clare under penalty of law that all statements of ge, information, and belief, and are made in goo				
				/s/ Sharon V. Tisdale electronic signature on the line above to certify th ature using an "/s/ signature" (e.g., /s/ John Smit				
		Typed or printed	I name:	Sharon V. Tisdale				
		Title:		ant Treasurer position held in corporation or partnership)				
		Date:		Febru	uary 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#
rig Telephone Company	63761
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	Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q 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 (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.