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

Return completed workbook

for Seconda		CCOUNT		HT OFFICE USE ONLY	by email to:
	ry Transmiss	sions by	DATE RECEIVED	AMOUNT	
General instru	ms (Short Fo	ated	01/22/2021	\$ ALLOCATION NUMBER	Coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING	G PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2020/2		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period		2020	Barcode Data Filing Period (optiona	al - see instructions)	
В				idiary of another corporation, give the full co	rporate title
Owner	If there we	ere different owners during th	ich the owner conducts the business of e accounting period, only the owner on fee payment covering the entire accour	the last day of the accounting period should s	submit a
	Check here	e if this is the system's first fili	ng. If not, enter the system's ID number	assigned by the Licensing Division.	6925
	LEGAL	NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM		
		ELT TELEPHONE CO INC	OF CABLE SYSTEM (IF DIFFEREN	Γ)	
				,	
	MAILING	ADDRESS OF OWNER O	F CABLE SYSTEM		
	PO BO	X 445			
	-	reet, rural route, apartment, or suite LAKE, IA 51466 state, zin)	number)		
			iness or trade names used to ide	ntify the business and operation of the	e system unless these
С	names already a	appear in space B. In line	e 2, give the mailing address of the	ne system, if different from the address	s given in space B.
System	1 1 1	BELT COMMUNICA	TIONS		
		ADDRESS OF CABLE SYSTE			
	2 (Number, str	reet, 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	CORN BELT TELEPHONE CO INC	6925
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, c	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Wall Lake	IA
Community	Lake View	IA
	Sac City	IA
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM IC
Name	CORN BELT TELEPHO								692
	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	pace E should	cover a	Il categories o	f secondar	•			
- ·	system, that is, the retransmission								
Secondary Transmission	about other services (including particular to a service of the accounting period	, , ,	,		,		inose exist	ing on the	
Service: Sub-	Number of Subscribers: Bot						ble system	, broken	
scribers and	down by categories of secondar	y transmission	service	. In general, ye	ou can com	npute the numbe	er of subsc	ribers in	
Rates	each category by counting the n			0,0				charged	
	separately for the particular server Rate: Give the standard rate of							te and the	
	unit in which it is generally billed								
	category, but do not include disc	counts allowed	for adva	ance payment					
	Block 1: In the left-hand block	•		0		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca				• •		•		
	first set" and would be counted o								
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	0							
	with the number of subscribers a					,		, 0	
	sufficient.								
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:						-		
	Service to first set		2,642	102.50					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)				NURSI	NG HOME		6	####
	Motel, hotel		12	506.20	NURSI	NG HOME		6	####
	Commercial		174	102.50					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	•	,		-	• •			
Г	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: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and inclue	ie ine ra	ate for each.					
				ate for each.				BLOCK 2	
		btion and includ BLOC RATE	CK 1	ate for each.	RVICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	brief (two- or three-word) descrip	BLO	CK 1 CATEG			RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLO	CK 1 CATEG Installa	ORY OF SEF		RATE 59.95	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO	CK 1 CATEG Installa • Mot	ORY OF SEF			CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CK 1 CATEG Installa • Mot • Cor	ORY OF SEF ation: Non-res		59.95	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CK 1 CATEG Installa • Mot • Cor • Pay	ORY OF SEF ation: Non-res tel, hotel nmercial	sidential	59.95	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay	ORY OF SEF ation: Non-res tel, hotel nmercial r cable	sidential	59.95	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	ORY OF SEF ation: Non-res rel, hotel nmercial r cable r cable-add'l c	<b>idential</b>	59.95	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	CORY OF SEF ation: Non-res rel, hotel nmercial r cable r cable-add'l c protection	<b>idential</b>	59.95	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	GORY OF SEF ation: Non-res rel, hotel mmercial cable cable cable-add'l c protection glar protectior	<b>idential</b>	59.95	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	GORY OF SEF ation: Non-res tel, hotel mmercial cable cable-add'l c protection glar protectior services:	<b>idential</b>	59.95 59.95	CATEGO		RATE
	brief (two- or three-word) descrip 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)	BLOC	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	ORY OF SEF ation: Non-res tel, hotel mmercial cable cable-add'l c protection glar protection services: connect	<b>idential</b>	59.95 59.95	CATEGO		RATI

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II
	CORN BELT TELEPH			692
	PRIMARY TRANSMITTERS:			
G		entify every television station (includin m during the accounting period, except		
	FCC rules and regulations	in effect on June 24, 1981, permitting	the carriage of certain network pr	ograms [sections
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76. is explained in the next paragraph.	.61(e)(2) and (4))]; and (2) certain	stations carried on a
Television	Substitute Basis Stations	With respect to any distant stations ules, regulations, or authorizations:	carried by your cable system on a	substitute program
	· Do not list the station her	e in space G-but do list it in space I	the Special Statement and Progra	am Log)—if the
	<ul> <li>station was carried only on</li> <li>List the station here, and</li> </ul>	a substitute basis. also in space I, if the station was carri	ed both on a substitute basis and	also on some other
	basis. For further information	on concerning substitute basis stations	s, see page (v) of the general inst	ructions.
		n's call sign. Do not report origination d with a station according to its over-th		
	"WETA-2" as the same on	the form. el number the FCC assigned to the te	levision station for broadcasting o	ver the air in its community
	of license. For example, W	/RC is channel 4 in Washington, D.C.	Ū	
		n case whether the station is a network ering the letter "N" (for network), "N-M"		
	(for independent multicast)	, "E" (for noncommercial educational),	or "E-M" (for noncommercial edu	
		erms, see page (iv) of the general inst on of each station. For U.S. stations, list		tion is licensed by the
		dian stations, if any, give the name of		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	кссі	8	N	DES MOINES, IA
	KTIV HD	4.1	N	SIOUX CITY, IA
Rows as Nosossan	KTIV CW	4.2	N-M	SIOUX CITY, IA
Rows as Necessary		4.3	N-M	SIOUX CITY, IA
			N-M	
	KTIV COURT TV	4.4		SIOUX CITY, IA
	KPTH HD	44.1	N	SIOUX CITY, IA
		44.2	N-M	
	KPTH CHARGE	44.3	N-M	SIOUX CITY, IA
	KPTH STADIUM	44.4	N-M	SIOUX CITY, IA
	WOI HD WOI LAFF	5.1 5.2	N N-M	AMES, IA
	WOI LAFF	5.3	N-M	AMES, IA AMES, IA
	WOI COZI	5.4	N-M	AMES, IA
	KMEG HD	14.1	Ν	SIOUX CITY, IA
	KMEG TBD TV	14.2	N-M	SIOUX CITY, IA
	KMEG COMET TV	14.3	N-M	SIOUX CITY, IA
	KCAU HD	9.1	N	SIOUX CITY, IA
	KCAU ESCAPE	9.2	N-M	SIOUX CITY, IA
	KCAU BOUNCE TV	9.3	N-M	SIOUX CITY, IA
		9.4	N-M	SIOUX CITY, IA
	KCALLLAFE		14 101	
			E	
	KTIN HD	21.1	E	FORT DODGE, IA
	KTIN HD KTIN LEARNS		E E-M	FORT DODGE, IA
	KTIN HD KTIN LEARNS KTIN WORLD	21.1 21.2 21.3	E-M E-M	FORT DODGE, IA FORT DODGE, IA
	KTIN HD KTIN LEARNS	21.1		FORT DODGE, IA
	KTIN HD KTIN LEARNS KTIN WORLD	21.1 21.2 21.3	E-M E-M	FORT DODGE, IA FORT DODGE, IA
	KTIN HD KTIN LEARNS KTIN WORLD	21.1 21.2 21.3	E-M E-M	FORT DODGE, IA FORT DODGE, IA
	KTIN HD KTIN LEARNS KTIN WORLD	21.1 21.2 21.3	E-M E-M	FORT DODGE, IA FORT DODGE, IA
	KTIN HD KTIN LEARNS KTIN WORLD	21.1 21.2 21.3	E-M E-M	FORT DODGE, IA FORT DODGE, IA

EGAL NAME OF								SYSTEM 6
	every radio s	tation ca	arried on a separate and discr 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 signal, 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 static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ant this point, see pa ed by the cable s ne station is licen	eadend, and (2 enna, during c ige (v) of the <u>c</u> system as a se sed by the FC	2) it can ertain st jeneral i 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	
UALL OIGH	ANIOITM	0,0		CALL OIGH		0,0		
					1			

Accounting Perio	od: 2020/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CORN BELT TELEPHO	ONE CO II	NC					6925
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
I I	In General: In space I, ident	-	-			tion that you	cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per	-			sis anv non	network telev	ision nroa	ram
Statement and		-	ui cabie syster	fi carry, on a substitute ba	515, any nom			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you ı	must comple	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."					-	
				er "Yes." Otherwise enter				
				asting the substitute prog		aanaad hu th	- FCC	in
	the case of Mexican or Car			the community to which the community with which the				In
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was requ	ired
	to delete under FCC rules							
	was substituted for program							9.9.1
	effect on October 19, 1976							
	e		E PROGRAM			N SUBSTIT		7. REASON FOR
	3		3. STATION'S			AGE OCCO 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	то	
							-	
						_		
						_		
						_		
						_		
1	I		r		r	г		

Accounting Period:	2020/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CORN BELT TELEPHONE CO INC			ę	SYSTEM ID# 6925
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s: (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	ystem's se on of how to	condary transm o compute this a	ission service amount, see \$2!	
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 t • Use block 3 if the amount of gross receipts in space K is more than \$263,800 t See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	',100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon <sup>:</sup>	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES			-	
	1. Base amount under statutory formula	,	263,800.00		
	2. Enter amount of gross receipts from space K	\$	258,906.99		
	3. Subtract line 2 from line 1	\$	4,893.01		
	4. Enter the amount of gross receipts from space K		\$ 2	258,906.99	
	5. Enter the amount from line 3		. \$	4,893.01	
	6. Subtract line 5 from line 4		\$ 2	254,013.98	
	7. Multiply line 6 by .005 (enter figure here)				1,270.07
	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		\$	1,270.07
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	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 .			<u> </u>
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,270.07	
246	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			\$	1,290.07
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: TELEPHONE CO INC	SYSTEM ID# 6925
M Channels	<ol> <li>to its subscribe</li> <li>1. Enter the to system carrie</li> <li>2. Enter the to on which the</li> </ol>	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	24 72
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	EMILY SWENSEN Telephone	712-664-2221
	Address	108 MAIN ST PO BOX 445 (Number, street, rural route, apartment, or suite number) WALL LAKE, IA 51466 (City, town, state, zip)	
	Email	CBTELCO@NETINS.NET Fax (optional)	
O Certification	I, the undersig     (Ow     (Age     X     (Of     I have examinare true, comp	<b>DN</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations) igned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) <b>vner other than corporation or partnership)</b> I am the owner of the cable system as identified in line 1 of space <b>in line 1 of space B and that the owner is not a corporation or partnership</b> ) I am the duly authorized agent of the owner of the cable in line 1 of space <b>B and that the owner is not a corporation or partnership</b> ; or <b>fficer or partner</b> ) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herei olete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	system as identified vner of the cable system
		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: BILL BROTHERTON Title: VICE PRESIDENT (Title of official position held in corporation or partnership)	
		Date: 1/22/2021	

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ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
RN BELT TELEPHONE CO INC	692
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 fol- lowing 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 sub- scribers 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	P Special Statement Concerning Gross Receipts Exclusior
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?	
YES. Enter the total here and list the satellite carrier(s) below	_
Name 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 Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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