This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/30/21	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		WAVE DIVISION HOLDINGS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3700 MONTE VILLA PARKWAY
		(Number, street, rural route, apartment, or suite number) BOTHELL WA 98021 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:
		WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM:
	2	3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)
	_	(Number, street, rural route, apartment, or suite number) BOTHELL WA 98021 (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.

	T	FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
	WAVE DIVISION HOLDINGS LLC	242
	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincom	
_	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 futur	
Area	Note: Entities and properties such as hotels, apartments, condominiums,	or mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	PACKWOOD	WA
Community		
Rows as Necessary	000000000000000000000000000000000000000	
	0.0000	
	0.00.00.00.00.00.00.00.00.00.00.00.00.0	
	000000000000000000000000000000000000000	
	0.00.00.00.00.00.00.00.00.00.00.00.00.0	
	0.0000	

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

*SYSTEM ID *24264

WAVE DIVISION HOLDINGS LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2					
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	434	29.95					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel	78	3.41					
Commercial	0	29.95					
Converter							
Residential							
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.00	Motel, hotel		Expanded Content	77.38
 Pay cable—add'l channel 		Commercial		Digital Favorites	13.00
Fire protection		• Pay cable		Digital Variety	8.25
Burglar protection		 Pay cable-add'l channel 		Digital Sports	12.00
Installation: Residential		Fire protection		Digital Cable Pack	32.75
• First set	80.00	Burglar protection		НВО	19.00
Additional set(s)	30.00	Other services:		HBOMax	14.99
 FM radio (if separate rate) 		Reconnect	40.00	Showtime/The Movie	19.00
Converter		Disconnect		Cinemax	18.50
		Outlet relocation		Starz	17.00
		 Move to new address 		Movieplex	5.00
				HD Bonus Pack	7.00

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24264

WAVE DIVISION HOLDINGS LLC

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
KBTC - PBS	27	E	TACOMA, WA
KCPQ - FOX	13	N	TACOMA, WA
KCTS - PBS	9	E	SEATTLE, WA
KCTSDT2 - PBS Kids	9.2	E	SEATTLE, WA
KCTSDT3 - Create	9.3	E	SEATTLE, WA
KFFV - MeTV	44.1	N	SEATTLE, WA
KFFVDT 2- Movies!	44.2	N	SEATTLE, WA
KFFVDT 4 -Decades	44.4	N	SEATTLE, WA
KING - NBC	5	N	SEATTLE, WA
KINGDT2 - Justice Ne	5.2	N	SEATTLE, WA
KINGDT3 - Quest	5.3	N	SEATTLE, WA
KIRO - CBS	7	N	SEATTLE, WA
KIRODT2 - getTV	7.2	N	SEATTLE, WA
KIRODT3 - Laff	7.3	N	SEATTLE, WA
KOMO - ABC	4	N	SEATTLE, WA
KOMODT2 - CometTV	4.2	N	SEATTLE, WA
KOMODT3 - Charge!	4.3	N	SEATTLE, WA
KONG - Independent	16	l	EVERETT, WA
KSTW - CW	11	N	TACOMA, WA
KSTWDT2 - Decades	11.2	N	TACOMA, WA
KTBW - TBN	20	N	SEATTLE, WA
KVOS - Heroes & Icor	12.1	N	BELLINGHAM, WA
KWDK - Daystar	56	N	TACOMA, WA
KWPX - ION	33	N	BELLEVUE, WA

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 24264 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 Transmitters: 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 Television 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KZJO - JOEtv	22	N	SEATTLE, WA
KZJODT3 - Antenna	22.3	N	SEATTLE, WA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WAVE DIVISION HOLDINGS LLC

24264

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
	T						
	T						
		l					

Accounting Perio	od: 2021/1						FO	RM SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				<u> </u>	SYSTEM ID#		
Name	WAVE DIVISION HOLI	WAVE DIVISION HOLDINGS LLC								
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G					
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried									
• • • • •	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. Fc									
Substitute Carriage:	1. SPECIAL STATEMEN				ie generai ins	structions	in the paper	SA 1-2 IOIIII.		
Special		-		m carry, on a substitute bas	sis. anv nonr	network te	elevision pro	ogram		
Statement and Program Log	broadcast by a distant sta	•	,	3 ·	, ,		YES	X NO		
	Note: If your answer is "No		rest of this na	age blank. If your answer is	"Yes" vou r	nust com				
	log in block 2.	, 10010 1110	71000 01 11110 pt	ago biariit. Ii your ariowor io	, 100, your	naot com	pioto tilo pi	og. a.m		
	2. LOG OF SUBSTITUT									
	In General: List each subsclear. If you need more spa				wherever po	ossible, if	their meani	ng is		
				vision program ("substitute	program") th	nat, durin	g the accou	nting		
	period, was broadcast by a									
				ns. See page (v) of the ger ketball." List specific progra						
	"NBA Basketball: 76ers vs		deset live ant	er "Vee" Otherwise enter "	Nia "					
				er "Yes." Otherwise enter " casting the substitute progr						
				the community to which the			y the FCC o	r, in		
	the case of Mexican or Cal Column 5: Give the mo			e community with which the stem carried the substitute			als. with the	month		
	first. Example: for May 7 g	ive "5/7."	, ,		. 0		,			
	to the nearest five minutes			ogram was carried by your ried by a system from 6:01						
	stated as "6:00-6:30 p.m."	•			•					
	Column 7: Enter the let to delete under FCC rules			m was substituted for progr						
	was substituted for program							rogram		
	effect on October 19, 1976	i.								
					WHE	N SUBS	TITUTE			
	S		E PROGRAM				CURRED	7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	BEELTION		
							_			
		 								
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	2021/1				A1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC			3	YSTEM I 242
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the state (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)	system's se	condary transm	ission service	
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross re			\$ 17 (Amount of gr	0,864.86 oss receipts)
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less that	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-mon	
	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 li	nes 1 and 2	2	<u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	Base amount under statutory formula		263,800.00	•	
	2. Enter amount of gross receipts from space K	\$	170,864.86		
	3. Subtract line 2 from line 1	\$	92,935.14		
	4. Enter the amount of gross receipts from space K		\$	170,864.86	
	5. Enter the amount from line 3		. \$	92,935.14	
	6. Subtract line 5 from line 4		\$	77,929.72	
	7. Multiply line 6 by .005 (enter figure here)			\$	389.65
	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		\$	389.65
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26:	3,800 (but	less than \$527	,600)	
	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 of	4, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	389.65	
Due	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			\$	409.65
	Important: Your remittance must be in the form of an electronic pay				

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: N HOLDINGS LLC				SYSTEM ID# 24264
M Channels	to its subscribers, 1. Enter the total system carried t	u must give (1) the number of , and (2) the cable system's to number of channels on which television broadcast stations .	tal number of activate	d channels during the ad	ccounting period.	26
		ble system carried television bast services				329
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of account		NEEDED (Identify an in		
for Further Information	Name	Katie Lake			Telephone	516-521-3549
	Address	650 College Road Eas (Number, street, rural route, apartir Princeton, NJ 08540 (City, town, state, zip)				
	Email	katie.lake@rcn.	net		Fax (optional)	
0	CERTIFICATION (This statement of account mu	st be certified and sig	ned in accordance with (Copyright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check or	ne, <i>but only one</i> , of the	boxes.)		
	(Owner	r other than corporation or pa	artnership) I am the o	vner of the cable system	as identified in line 1 of space	B; or
		of owner other than corpora ne 1 of space B and that the o			gent of the owner of the cable	system as identified
	in li	er or partner) I am an officer (if ne 1 of space B.				·
		the statement of account and le, and correct to the best of my in 1001(1986)]		•		in
				a Salehani		-
				nature on the line above to n "/s/ signature" (e.g., /s/		
		Typed or printed	name: Parisa S	alehani		
			Senior Vice Pre	sident, Controller ation or partnership)		
		Date:			8/30/21	

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Accounting Period: 2021/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 24264 WAVE DIVISION HOLDINGS LLC 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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. \$ 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 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 contact the Licensing Division at (202) 707-8150 or licensing@loc.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

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 th 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.

Address

ID number

First community served Accounting period