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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	by email to:						
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT						
General instru	erms (Short Form) actions are located of this workbook	7/15/21	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150					
Α	ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (Y Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31						
Accounting Period									
B Owner	title of the subsidiary, not that of the particular to the subsidiary, not that of the particular to the statement of account and royalty	arent corporation. hich the owner conducts the business of	n the last day of the accounting period shoul nting period.						
	LEGAL NAME OF OWNER/MAIL	NG ADDRESS OF CABLE SYSTEM	Λ						
	Tech Com, Inc.	OF CABLE SYSTEM (IF DIFFEREN	T)						
			.,						
	MAILING ADDRESS OF OWNER C	OF CABLE SYSTEM							
	(Number, street, rural route, apartment, or suite Richland Center, WI 5358 (City, town, state, zip)	,							
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In lin								
System	1 IDENTIFICATION OF CABLE SYSTEM: Genuine Telecom MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite								

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

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hame	Tech Com, Inc.	63391
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter knowr
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	
First	CITY OR TOWN Richland Center	STATE WI
Community		
Rows as Necessary		

	LEGAL NAME OF OWNER OF C							1-2E. PAG
Name		ADLE STSTEM.					513	633
	Tech Com, Inc.							
Е	SECONDARY TRANSMISSION							
E	In General: The information in s	•	-	•				
Secondary	system, that is, the retransmission about other services (including p							
Fransmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both	·		. ,	pers to the cab	le system,	broken	
scribers and	down by categories of secondary							
Rates	each category by counting the nu			•	-		charged	
	separately for the particular server Rate: Give the standard rate c						and the	
	unit in which it is generally billed.	-	• •			-		
	category, but do not include disc	· · ·	,	,				
	Block 1: In the left-hand block	•	Ũ					
	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							
	Block 2: If your cable system I	•						
	printed in block 1 (for example, ti							
	with the number of subscribers a sufficient.	ind rates, in the	e right-hand block. A tw	o- or three-	wora descriptio	on of the se	INCE IS	
		OCK 1				BLOCK	2	
		NO. OF					NO. OF	_
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CATEC	GORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:		050					
	Service to first set		353 34.99					
	Service to additional set(s)		352 5.00					
	• FM radio (if separate rate)		004					
	Motel, hotel		201 15.00					
	Commercial		2 34.99					
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC			3				
-	In General: Space F calls for rat				our cable syst	em's servio	es that were	
F	not covered in space E, that is, th	hose services	that are not offered in c	ombination	with any secor	ndary trans	mission	
. .	service for a single fee. There ar	•		•		• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the un							
Secondary	enter only the letters "PP" in the		usually billed. If ally la	les ale chai	geu on a vana	bie pei-più	graffi basis,	
ansmissions:	-		he cable system for ea	ch of the ap	plicable servic	es listed.		
Rates	Block 2: List any services that			-				
	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.							
	bhei (two- of three-word) descrip	nion and includ	le the rate for each.			1		
		BLO			D 4 T F	0.175.00	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY OF SER Installation: Non-res		RATE	CATEGO	ORY OF SERVICE	RA
	Pay cable			uentiai				
	Pay cable Add'l channel		 Motel, hotel Commercial 					
	Fire protection		Pay cable					
	Burglar protection		 Pay cable Pay cable-add'l ch 	annel				
	Durgiar protection		Fire protection					
	Installation: Posidontial							
	Installation: Residential		•					
	• First set		Burglar protection					
	First setAdditional set(s)		• Burglar protection Other services:					
	 First set Additional set(s) FM radio (if separate rate) 		• Burglar protection Other services: • Reconnect					
	First setAdditional set(s)		Burglar protection Other services: Reconnect Disconnect					
	 First set Additional set(s) FM radio (if separate rate) 		• Burglar protection Other services: • Reconnect	" " " "				

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM					
Name	Tech Com, Inc.								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Issmitters: levision	 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	wisc	3	N						
	WISC DT-2	3.2	N-M						
Down on Monorcomy			14-141						
ws as Necessary	жвт	8	N						
ws as Necessary									
ws as Necessary	WKBT	8	N						
ws as Necessary	WKBT WKBT DT-2	8 8.2	N N-M						
ws as Necessary	WKBT WKBT DT-2 WMSN	8 8.2 47	N N-M N						
ws as Necessary	WKBT WKBT DT-2 WMSN WMSN DT-2	8 8.2 47 47.2	N N-M N N-M						
ws as Necessary	WKBT WKBT DT-2 WMSN WMSN DT-2 WMSN DT-3	8 8.2 47 47.2 47.3	N N-M N N-M N-M						
ws as Necessary	WKBT WKBT DT-2 WMSN WMSN DT-2 WMSN DT-3 WMSN DT-4	8 8.2 47 47.2 47.3 47.4	N N-M N N-M N-M N-M						
ws as Necessary	WKBT WKBT DT-2 WMSN WMSN DT-2 WMSN DT-3 WMSN DT-4 WXOW	8 8.2 47 47.2 47.2 47.3 47.4 19	N N-M N-M N-M N-M N-M N-M						
ws as Necessary	WKBT WKBT DT-2 WMSN WMSN DT-2 WMSN DT-3 WMSN DT-4 WXOW WXOW DT-2	8 8.2 47 47.2 47.3 47.4 19 19.2	N N-M N-M N-M N-M N-M N-M						
ws as Necessary	WKBT WKBT DT-2 WMSN WMSN DT-2 WMSN DT-3 WMSN DT-4 WXOW WXOW DT-2 WXOW DT-3	8 8.2 47 47.2 47.3 47.4 19 19.2 19.3	N N-M N-M N-M N-M N-M N-M N-M						
ws as Necessary	WKBT WKBT DT-2 WMSN WMSN DT-2 WMSN DT-3 WMSN DT-4 WXOW WXOW DT-4 WXOW DT-2 WXOW DT-3 WXOW DT-4	8 8.2 47 47.2 47.3 47.4 19 19.2 19.3 19.4	N N-M N-M N-M N-M N-M N-M N-M N-M						
ws as Necessary	WKBT WKBT DT-2 WMSN WMSN DT-2 WMSN DT-3 WMSN DT-4 WXOW WXOW DT-4 WXOW DT-2 WXOW DT-3 WXOW DT-4 WXOW DT-4	8 8.2 47 47.2 47.3 47.4 19 19.2 19.3 19.4 15	N N-M N-M N-M N-M N-M N-M N-M N-M N-M N-						
ws as Necessary	WKBT WKBT DT-2 WMSN WMSN DT-2 WMSN DT-3 WMSN DT-4 WXOW WXOW DT-4 WXOW DT-2 WXOW DT-3 WXOW DT-4 WXOW DT-4 WXOW DT-4	8 8.2 47 47.2 47.3 47.4 19 19.2 19.3 19.4 15 15.2	N N-M N-M N-M N-M N-M N-M N-M N-M N-M N-						
ws as Necessary	WKBT WKBT DT-2 WMSN WMSN DT-2 WMSN DT-3 WMSN DT-4 WXOW WXOW DT-4 WXOW DT-2 WXOW DT-3 WXOW DT-4 WMTV WMTV DT-2 WMTV DT-3	8 8.2 47 47.2 47.3 47.4 19 19.2 19.3 19.4 15 15.2 15.2 15.3	N N-M N-M N-M N-M N-M N-M N-M N-M N-M N-						
ws as Necessary	WKBT WKBT DT-2 WMSN WMSN DT-2 WMSN DT-3 WMSN DT-4 WXOW WXOW DT-4 WXOW DT-2 WXOW DT-3 WXOW DT-4 WMTV WMTV DT-2 WMTV DT-2 WMTV DT-3 WHA	8 8.2 47 47.2 47.3 47.4 19 19.2 19.3 19.4 15 15.2 15.3 21	N N-M N-M N-M N-M N-M N-M N-M N-M N-M N-						
ws as Necessary	WKBT WKBT DT-2 WMSN WMSN DT-2 WMSN DT-3 WMSN DT-4 WXOW WXOW DT-4 WXOW DT-2 WXOW DT-3 WXOW DT-4 WMTV WMTV DT-3 WMTV DT-3 WHA WHA DT-2	8 8.2 47 47.2 47.3 47.4 19 19.2 19.3 19.4 15 15.2 15.3 21 21.2	N N-M N-M N-M N-M N-M N-M N-M N-M N-M N-						
ws as Necessary	WKBT WKBT DT-2 WMSN WMSN DT-2 WMSN DT-3 WMSN DT-4 WXOW WXOW DT-4 WXOW DT-2 WXOW DT-3 WXOW DT-4 WMTV WMTV DT-3 WMTV DT-2 WMTV DT-3 WHA	8 8.2 47 47.2 47.3 47.4 19 19.2 19.3 19.4 15 15.2 15.3 21 21.2 21.4	N N-M N-M N-M N-M N-M N-M N-M N-M N-M N-						
ws as Necessary	WKBT WKBT DT-2 WMSN WMSN DT-2 WMSN DT-3 WMSN DT-4 WXOW WXOW DT-4 WXOW DT-2 WXOW DT-2 WXOW DT-3 WXOW DT-4 WMTV WMTV DT-2 WMTV DT-2 WMTV DT-2 WMTV DT-2 WMAT DT-4 WHA	8 8.2 47 47.2 47.3 47.4 19 19.2 19.3 19.4 15 15.2 15.3 21 21.2 21.4 27	N N-M N-M N-M N-M N-M N-M N-M N-M N-M N-						

Tech Com, I	F OWNER OF (CABLE S	YSTEM:					SYSTEM I 633
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stat this by placing	y the sys be recein at the Co sign of a the static ion's sign g a check	II-Band FM Carriage: Under C stem whenever it is received a ived 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 th	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	!) it can ertain st eneral in eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Aexican or Can			the community with which the			001, 111		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Tech Com, Inc.							63391
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	iccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or a	uthorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	-			sis. anv nonr	network telev	vision proa	ram
Statement and	broadcast by a distant sta		,	, ,	, ,			XNO
Program Log	-						YES	
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comple	te the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible if th	eir meaning	ı is
	clear. If you need more spa							<i>y</i> 10
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra	im titles, for e	example, 11	love Lucy	or
	Column 2: If the program	n was broa		er "Yes." Otherwise enter '				
				asting the substitute progr			- 500	:
	the case of Mexican or Car			he community to which the			le FCC or,	In
				stem carried the substitute			, with the m	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program cari	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	vour syster	n was <i>reau</i>	ired
	to delete under FCC rules							
	was substituted for prograr							0
	effect on October 19, 1976							
					WHE	N SUBSTIT	UTE	
	S	T	E PROGRAM			AGE OCCL 6. TI		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	FROM –		
						-	-	
		[_	_	
						_		
		+						
		+					_	
		+					-	
		+					-	
							-	
							-	
							-	
						-	_	
						-	-	
						-	_	
						_	_	
							_	
		+						

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	*STEM ID 63391
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi	mission service amount, se	,094.00
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 \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 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 Line 1. Royalty fee for accounting period	r this six-montł	52.00 0.00 52.00
1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K		0.00
1. Enter the amount of gross receipts from space K	· /	
6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
FILING FEE AND TOTAL REMITTANCE DUE		
1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 3	52.00 15.00 \$	67.00
	Tech Com, Inc. GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ele all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans page (wij) of the general instructions located in the pager SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a slatement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you oves Complete block 1 if the amount of gross receipts in space K is \$137.100 or has Use block 1 if the amount of gross receipts in space K is more than \$23.800 but less than 522.700. See page (vi) of the general instructions located in the pager SA1-2 form for more information. 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 for accounting period is \$52.00 Line 2. Interest charge. Enter the amount from line 4, space 0, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 1. fase amount of gross receipts from space K Subtract line 2 from line 4.	Tech Com, Inc. GROSS RECEIPTS Instructions: The flage you give in this space determines the form you file and the amount you pay. Enter the total (all amounts (gross neepips) paid to your cable system by subanches for the system's secondary transmission service) (so diving the accounting period

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Tech Com, Inc.	SYSTEM ID# 63391
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast static to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services .	ns 22
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Michelle Harwick Telephon	e <u>608-649-8316</u>
	Address 1027 N. Jefferson St (Number, street, rural route, apartment, or suite number) Richland Center, WI 53581 (City, town, state, zip)	
	Email mharwick@genuinetel.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations. I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space. (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as a in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained her are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	e B; or e system as identified owner of the cable system
	X /s/ John Bartz 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: John Bartz Title: CEO/GM (Title of official position held in corporation or partnership)	
	Date: 7/15/2021	

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ounting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
h Com, Inc.	6339
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 located in the paper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
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
x	_
Lino 2 Multiply lino 1 by the interest rate [*] and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 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 \$ -	
Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - 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 \$ - - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td></td>	
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <tr td=""> -</tr>	
x	
x	
x	
x	

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