THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

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

SA1-2 Short Form

Return to:

Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE \$ Washington, DC 20557-6400 (202) 707-8150 General instructions are at the 3/4/2022 end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2021 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate title of the subsidiary, not that of the parent corporation. 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. 62136 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 Eagle Communications Inc. 62136 2021/2 **PO Box 817** Hays KS 67601 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE NE St Edwards First Community 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 effects 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.

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2021/2

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| Name | LEGAL NAME OF OWNER OF C | ABLE SYSTEM: | | | | | | SYS | TEM ID | | |
|---------------------------|--|---------------|--|---|---------|-----------------------|--------|----------------|--------|--|--|
| Nume | Eagle Communications | Inc. | | | | | | | 6213 | | |
| Е | SECONDARY TRANSMISSION | SERVICE: SU | BSCRI | BERS AND RA | TES | | | | | | |
| E | In General: The information in s | • | | • | | • | | | | | |
| Secondary | system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information | | | | | | | | | | |
| Secondary Transmission | 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). | | | | | | | | | | |
| Service: Sub- | | | | | | | | | | | |
| scribers and | down by categories of secondary | | | | | | | | | | |
| Rates | each category by counting the nu | | , | 0,0 | | | | charged | | | |
| | separately for the particular servi Rate: Give the standard rate cl | | | | | | | e and the | | | |
| | unit in which it is generally billed. | - | - | • | | | - | | | | |
| | category, but do not include disc | | | | , | | • | | | | |
| | Block 1: In the left-hand block | • | | 0 | | | | | | | |
| | systems most commonly provide that applies to your system. Note | | | | | | | | | | |
| | categories, that person or entity | | | - | | - | | | | | |
| | subscriber who pays extra for ca | | | | | | | | | | |
| | first set" and would be counted o | | | | | | | | | | |
| | Block 2: If your cable system h | - | | • | | | | | | | |
| | printed in block 1 (for example, ti with the number of subscribers a | | | | | | | | | | |
| | sufficient. | | , ingine i | | | | | | | | |
| | BLC | OCK 1 | | | | | BLOC | ٢2 | | | |
| | | NO. OF | | | | | | NO. OF | | | |
| | CATEGORY OF SERVICE | SUBSCRIB | ERS | RATE | CAT | EGORY OF SE | RVICE | SUBSCRIBERS | RATE | | |
| | Residential: | | | | | | | | | | |
| | Service to first set | | 57 | 25.00 | | | | | | | |
| | Service to additional set(s) | | | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | |
| | Commercial | | 4 | 64.95 | | | | | | | |
| | Converter | | | | | | | | | | |
| | Residential | | | | | | | | | | |
| | Non-residential | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMIS | SIONS: RATES | 3 | | | | | | |
| F | In General: Space F calls for rat | • | , | | • | • • | | | | | |
| Г | not covered in space E, that is, the | | | | | | | | | | |
| Services | service for a single fee. There are | | | | | | | | | | |
| Other Than | 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, | | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | rate column. | - | | | - | | 0 / | | | |
| Fransmissions: | Block 1: Give the standard rat | | | - | | •• | | | | | |
| Rates | 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. | | | | | | | | | | |
| | | BLO | | | BLOCK 2 | | | | | | |
| | CATEGORY OF SERVICE | RATE | | GORY OF SER | VICE | RATE | CATEG | ORY OF SERVICE | RATE | | |
| | Continuing Services: | | | ation: Non-res | | | 0.1120 | | | | |
| | • Pay cable | 27.95 | • Mc | otel, hotel | | | | | | | |
| | • Pay cable—add'l channel | 52.50 | | mmercial | | | | | | | |
| | Fire protection | | •Pa | y cable | | | | | | | |
| | | | | y cable-add'l cł | nannel | | | | | | |
| | •Burglar protection | | | | | J | | | | | |
| | •Burglar protection | | • Fir | | | | | | | | |
| | •Burglar protection Installation: Residential | 15.00 | | e protection | | | | | | | |
| | •Burglar protection Installation: Residential • First set | 15.00 | • Bu | e protection rglar protection | | | | | | | |
| | •Burglar protection Installation: Residential • First set • Additional set(s) | 15.00 5.00 | • Bu Other | e protection rglar protection services: | | 30.00 | | | | | |
| | Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) | 5.00 | • Bu Other • Re | e protection rglar protection services: connect | | 30.00 | | | | | |
| | •Burglar protection Installation: Residential • First set • Additional set(s) | | • Bu Other • Re • Dis | e protection rglar protection services: connect sconnect | | | | | | | |
| | Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) | 5.00 | • Bu Other • Re • Dis • Ou | e protection rglar protection services: connect | | <u>30.00</u> 49.99 | | | | | |

| Name | LEGAL NAME OF OWN | ER OF CABLE SYST | EM: | S | STEM ID | | | | | |
|---|---|--|--|---|---------|--|--|--|--|--|
| | Eagle Communications Inc. | | | | | | | | | |
| | PRIMARY TRANSMITTERS: TELEVISION | | | | | | | | | |
| G Primary Transmitters: Television | carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Stat basis under specifc FCC Do not list the station here, and List the station here, and basis. For further infor Column 1: List each s Column 2: Give the not This may be different from associated with a station the same on the form. Column 3: Indicate in educational station, by en (for independent multicas For the meaning of these Column 4: Give the log | em during the acco s in effect on June 2 (e)(2) and (4), or 7 as explained in the cions: With respect rules, regulations, c ere in space G—but y on a substitute ba d also in space I, if mation concerning s tation's call sign. D umber of the chann n the channel on wh according to its ove each case whether tering the letter "N" t), "E" (for noncomr terms, see page (iv cation of each stati | unting period, exce 24, 1981, permitting 5.63 (referring to 76 next paragraph. to any distant static r authorizations: do list it in space I sis. the station was carr substitute basis stat o not report originat el on which the stat ich your cab;e syst r-thje-air designatio the station is a netw (for network), "N-M nercial educational) r) of the general insi on. For U.S. station | g translator stations and low power television stations) pt (1) stations carried only on a part-time basis under the carriage of certain network programs [sections .61(e)(2) and (4))]; and (2) certain stations carried on a uns carried by your cable system on a substitute program (the Special Statement and Program Log)—if the led both on a substitute basis and also on some other ions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc. on's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as work station, an independent station, or a noncommercial " (for network multicast), "I" (for independent), "I-M" , or "E-M" (for noncommercial educational multicast). ructions. s, list the community to which the station is licensed by the the community with which the station is identifed. | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 6. LOCATION OF STATION | | | | | | |
| | KSNB | 3 | N | Hastings NE | | | | | | |
| | KFXL | 51 | I | Lincoln NE | | | | | | |
| | KHNE | 28 | E | Hastings NE | | | | | | |
| | KSBN MeTV | 10 | I | Lincoln NE | | | | | | |
| | KGIN | 11 | N | Grand Island NE | | | | | | |
| | KHGI | 13 | N | Grand Island NE | | | | | | |
| | KNHL SonLife | 5 | 1 | Hastings NE | | | | | | |
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ACCOUNTING PERIOD: 2021/2

| FORM SA1-2. F | | CABLE S | YSTEM: | | | | | SYSTEM ID# | Name |
|--|----------|--------------|-----------------------------|-----|-----------|----------|-----|---------------------|-----------------------------------|
| Eagle Comm | | | | | | | | 62136 | |
| 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 | |
| all-band basis whose signals were "generally receivable" by your cable system during the accounting period. 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 the Copyright Office regulations on this point, see page (v) of the general instructions. 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 | | | | | | | | | Primary Transmitters: Radio |
| | | s, if any, t | he community with which the | e s | | | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| FORM | SA1-2. | PAGE | 5 |
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|--|---|--|---|---|--|--|---------------------------|--|
| Name | LEGAL NAME OF OWNER OF O | | EM: | | | | SYSTEM ID# 62136 | |
| Name Substitute Carriage: Special Statement and Program Log | SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substit clear. If you need more space Column 1: Give the title of period, was broadcast by a of under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | : SPECIA y every non- counting pe ng that mus CONCER od, did your ion? , leave the PROGRA tute progra ce, please a of every non- distant station gulations, o es like "mor- Bulls." n was broad sign of the side adian station adian | a distant statio C rules, regula <u>e general instr</u> is, any nonne "Yes," you mu wherever pos orogram) that, d for the prog eral instruction n titles, for ex No." um. station is lice station is lice program. Use cable system 15 p.m. to 6:2 amming that y | Additional action that your cable system carried on a gulations, or authorizations. For a further instructions. Innetwork television program Yes XNO I must complete the program possible, if their meaning is hat, during the accounting programming of another station ctions for further information. r example, "I Love Lucy" or licensed by the FCC or, in dentified). Use numerals, with the month em. List the times accurately 6:28:30 p.m. should be at your system was required | | | | |
| | effect on October 19, 1976. Si 1. TITLE OF PROGRAM | UBSTITUT 2. LIVE? Yes or No | E PROGRAM 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | | EN SUBSTITUTE RIAGE OCCURRED 6. TIMES FROM — TO | 7. REASON FOR DELETION | |
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| FORM SA1-2. PAGE 6. | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | Name |
| Eagle Communications Inc. 62136 | |
| GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. 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. | K Gross Receipts |
| | |
| COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information. | L Copyright Royalty Fee |
| 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 this six-month accounting period is \$52.00 | |
| Line 1. Royalty fee for accounting period \$ 52.00 | |
| Line 2. Interest charge. Enter the amount from line 4, space Q, 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 \$137,100) | |
| 1. Base amount under statutory formula \$ 263,800.00 | |
| 2. Enter amount of gross receipts from space K | |
| 3. Subtract line 2 from line 1 | |
| 4. Enter the amount of gross receipts from space K | |
| 5. Enter the amount from line 3 | |
| 6. Subtract line 5 from line 4 | |
| 7. Multiply line 6 by .005 (enter figure here) | |
| 8. Interest charge. Enter the amount from line 4, space Q, page 8 | |
| 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 | |
| BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) | |
| | |
| 1. Enter the amount of gross receipts from space K | |
| 2. Base amount under statutory formula | |
| 3. Subtract line 2 from line 1 | |
| 4. Multiply line 3 by .01 | |
| 5. Royalty due on the first \$263,800 of gross recepits (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, and 6 | |
| IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page I of the general instructions for more information. | |

| | | FORM SA1-2. PAGE 7 |
|---------------|---|------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| | Eagle Communications Inc. | 62136 |
| | CHANNELS | |
| М | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat | ions |
| | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. | |
| Channels | | |
| | 1. Enter the total number of channels on which the cable | 7 |
| | system carried television broadcast stations | |
| | | |
| | 2. Enter the total number of activated channels | |
| | on which the cable system carried television broadcast stations | 255 |
| | and nonbroadcast services | |
| - | | |
| Ν | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom | |
| Individual to | we can write or call about this statement of account.) | |
| Be Contacted | | |
| for Further | Name Marie Censoplano Telephone 91 | 4-235-8313 |
| Information | | 4-200-0010 |
| | | |
| | Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number) | |
| | | |
| | City, town, state, zip) | |
| | (Uity, town, state, zip) | |
| | Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363 | |
| | | |
| Ο | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulatio as explained in the general instructions.) | ns, |
| Certifcation | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) | |
| | | |
| | (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; | or |
| | | |
| | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or | stem as identified |
| | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned in line 1 of space B. | er of the cable system |
| | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)] | herein |
| | Handwritten signature: /s/ Daniel J. White | |
| | Typed or printed name: Daniel J White | |
| | Title: SVP Financial Planning (Title of official position held in corporation or partnership) | |
| | Date: 02/26/2022 | |
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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 effects 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: 2021/2

| FORM | SA1-2. | PAGE | 8. |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name |
|---|--------------------------------|--|
| Eagle Communications Inc. | 62136 | Name |
| 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not industribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below | basic clude sub- n 119." | P Special Statement Concerning Gross Receipts Exclusion |
| Name Name Mailing Address Mailing Address | | |
| INTEREST ASSESSMENTS | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions. | payment. | Q |
| Line 1 Enter the amount of late payment or underpayment | | Interest |
| x | | Assessment |
| 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 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, | | |
| space L, (page 7) | - | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistan | 0, | |
| contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | ce please | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | | |
| NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce list below the owner, address, first community served, ID number, and accounting period as given in the origin | - | |
| 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 Offce to collect the personally identifying inf | ormation (PII) requeste | d 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 effects 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.