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 COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	02/23/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	UNTING PERIOD COVERED I	BY THIS STATEMENT: (YYYY/(Period))	
		2021/2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
			I	
			Barcode Data Filing Period (optional - see instructions)	
Accounting Period				
В		Instructions: Give the full legal name of the owner of the of the subsidiary, not that of the parent co	e cable system. If the owner is a subsidiary of another corporation, give the full corporat rporation.	te title
Owner		List any other name or names under which	the owner conducts the business of the cable system.	
		÷	accounting period, only the owner on the last day of the accounting period should submite payment covering the entire accounting period.	ta
		Check here if this is the system's first filing	If not, enter the system's ID number assigned by the Licensing Division.	63637
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM	
		yondoo Broadband LLC		
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM	
		PO Box 22467 (Number, street, rural route, apartment, or suite nu	mber)	
		Baltimore MD 21203 (City, town, state, zip)		
С			ess or trade names used to identify the business and operation of the sy 2, give the mailing address of the system, if different from the address gi	
System	1	IDENTIFICATION OF CABLE SYSTEM:		
		yondoo SCTC MAILING ADDRESS OF CABLE SYSTEM:		
	2	PO Box 22467		
		(Number, street, rural route, apartment, or suite nu Baltimore MD 21203 (City, town, state, zip code)	mber)	
	•			

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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	yondoo Broadband LLC	63637
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Stayton	OR
Community	Lyons	OR
	Sublimity	OR
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SA1-2E. P. YSTEM
Name	yondoo Broadband LLC						J	63
		,						
Е	SECONDARY TRANSMISSION			-				
E	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including p							
Transmission	last day of the accounting period						ng on the	
Service: Sub-	Number of Subscribers: Both					le system,	broken	
scribers and	down by categories of secondary							
Rates	each category by counting the n						charged	
	separately for the particular serv Rate: Give the standard rate c						e and the	
	unit in which it is generally billed							
	category, but do not include disc	counts allowed f	or advance payment	-				
	Block 1: In the left-hand block							
	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							
	printed in block 1 (for example, t with the number of subscribers a							
	sufficient.							
	BLO	OCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBER	s RA
	Residential:			-				
	Service to first set		58 88.95	Starter			•	12 26
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISSIONS: RATE	S				
E	In General: Space F calls for rat	·	,		, ,			
F	not covered in space E, that is, t							
Services	service for a single fee. There ar furnished at cost or (2) services	•		•		• • • •		
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the						-	
	Block 1: Give the standard rat						woro not	
Transmissions:	Block 2. List any services that			red durina t				
	Block 2: List any services that listed in block 1 and for which a							
Transmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate charge	e was made or estab					
Fransmissions:	listed in block 1 and for which a	separate charge	e was made or estab e the rate for each.				BLOCK 2	
Transmissions:	listed in block 1 and for which a	separate charge otion and include BLOC	e was made or estab e the rate for each.	lished. List t	RATE	CATEGO	BLOCK 2 DRY OF SERVI	
Fransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip	separate charge ption and include BLOC RATE	e was made or estab e the rate for each. CK 1	lished. List f		CATEGO		
Fransmissions:	listed in block 1 and for which a string (two- or three-word) descrip	separate charge ption and include BLOC RATE	e was made or estab e the rate for each. CK 1 CATEGORY OF SEF	lished. List f		CATEGO		
Transmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charge ption and include BLOC RATE	e was made or estab e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-re	lished. List f		CATEGO		
ransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charge ption and include BLOC RATE	e was made or estab e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-re • Motel, hotel • Commercial • Pay cable	lished. List f		CATEGO		
Fransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charge ption and include BLOC RATE	e was made or estab e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c	lished. List f		CATEGO		
Transmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charge ption and include BLOC RATE	e was made or estab e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-re • Motel, hotel • Commercial • Pay cable	lished. List f		CATEGO		
Transmissions:	listed in block 1 and for which a s 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	separate charge otion and include BLOC RATE	e was made or estab e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protection	NVICE		CATEGO		
Transmissions:	listed in block 1 and for which a s 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)	separate charge otion and include BLOC RATE	e was made or estab e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c • Fire protection	NVICE		CATEGO		
ransmissions:	listed in block 1 and for which a s 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	separate charge otion and include BLOC RATE	e was made or estab e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protection	NVICE		CATEGO		
Transmissions:	listed in block 1 and for which a s 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)	separate charge otion and include BLOC RATE	e was made or estab e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protection Other services:	NVICE		CATEGO		
ransmissions:	listed in block 1 and for which a s 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)	separate charge otion and include BLOC RATE	e was made or estab e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l of • Fire protection • Burglar protection Other services: • Reconnect	NVICE		CATEGO		

nting Period: 2	-			FORM SA1-2E. PAGE 3
Name				SYSTEM ID#
	yondoo Broadband L			63637
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these to Column 4: Give the location	entify every television station (including i m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part-ti- te carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orgram services such as HBO, ESF e-air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepen- or "E-M" (for noncommercial education citions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KATU	2	N	Portland, OR
	KOIN	6	N	Portland, OR
Necessary	KRCW	32	N	Portland, OR
	KPTV	12	Ν	Beaverton, OR
	KGW	8	Ν	Portland, OR
	КОРВ	10	E	Portland, OR
	KUNP	16	Ν	Portland, OR
	KPXG	5	N	Salem, OR
	KPDX	13	N-M	Beaverton, OR
	KATU	4	N	Portland, OR
	KRCW	7	N	Salem, OR
	KPDX	49.3	N-M	Portland, OR
	KATU	2.3	N	Portland, OR
	KOIN	6.3	N	Portland, OR
	KDPX	49.4	N-M	Portland, OR
	KOIN	6.2	Ν	Portland, OR
	KATU	2.4	Ν	Portland, OR

egal name of /ondoo Broa	OWNER OF C		YSTEM:					SYSTEM I 636
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein at the Co l sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on 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	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
		1		-				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						

Accounting Perio	od: 2021/2						FOR	M SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	yondoo Broadband LL	.C						63637
	SUBSTITUTE CARRIAG							
	In General: In space I, identi					ion that voi	ır cahla svete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	general instr	uctions in th	ne paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonne	twork televi	ision progran	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No'	. leave the	rest of this pac	e blank. If vour answer is "	Yes." vou mu	ist complet	e the program	m
	log in block 2.	,		,	····, / ·····			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				vherever pos	sible, if the	ir meaning is	5
	clear. If you need more spa				rogrom") the	t during th	o occupting	
	period, was broadcast by a			ision program ("substitute p ur cable system substituted				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	ral instruction	ns for furthe	er informatio	
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live ente	r "Yes." Otherwise enter "N	o "			
				isting the substitute program				
				ne community to which the			e FCC or, in	
	the case of Mexican or Can			community with which the s tem carried the substitute p			with the mor	ath
	first. Example: for May 7 giv		when your sys			numerais,		
	Column 6: State the time	es when the		gram was carried by your o				ly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	mming that v	our system	was require	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulati	ons in	
	effect on October 19, 1976.							
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM	1	CARR	AGE OCC		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	DELETION
		100 01 110	ONEE OTOTA		AND BAT	TROM	10	
							<u> </u>	
								"
							_	
							_	
							<u> </u>	"
							_	
							_	
							_]
								1
							_	
							_	
1								

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	yondoo Broadband LLC		63637
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	,594.20 is receipts)
	COPYRIGHT ROYALTY FEE		
L 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 \$2 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 located in the paper SA1-2 form for more information. 	63,800	
	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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula		
	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)		<u> </u>
	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		
	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 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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O yondoo Broa	OF OWNER OF CABLE SYSTEM: adband LLC	SYSTEM ID# 63637
M Channels	to its subscrib1. Enter the to system carri2. Enter the to on which the	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. botal number of channels on which the cable ied television broadcast stations botal number of activated channels e cable system carried television broadcast stations	17 291
N Individual to		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
Be Contacted for Further Information	Name	Robert Steffen Telephone 410-	727-8250 ext 121
	Address	PO Box 22467 (Number, street, rural route, apartment, or suite number)	
		Baltimore MD 21203 (City, town, state, zip)	
	Email	Fax (optional)	
O Certification	I, the undersite (Ow (Ag	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or space of the construction or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership; or	as identified
	 I have examir are true, comp 	fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of th in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein olete, and correct to the best of my knowledge, information, and belief, and are made in good faith. sction 1001(1986)]	e 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)	
		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: Robert Steffen	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	

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unting Period: 2021/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
doo Broadband LLC	636
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
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	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
	_
xdays	_
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 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 -	-
x	-
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 - - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td></td>	
x	
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	

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.