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 3/30/22 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: January 1-June 30, 2020 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. 21048 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. 21048 2020/1 **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 Oberlin KS 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: 2020/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Eagle Communications Inc.								
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
-									
D									
ontinued)									
Area									
Served									
			•						

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS		
	Eagle Communications	Inc.							2104	
Е	SECONDARY TRANSMISSION									
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Secondary	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									
Secondary Transmission										
Service: Sub-							le system,	broken		
scribers and	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									
Rates	each category by counting the nu		,	0,0		1 0		charged		
	separately for the particular servi							a and the		
	Rate: Give the standard rate ch unit in which it is generally billed.	-	-	•			-			
	category, but do not include disco				iy standai		, within a b			
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion servic	e that cable		
	systems most commonly provide									
	that applies to your system. Note			-		-				
	categories, that person or entity						•			
	subscriber who pays extra for cal first set" and would be counted o					in the count un	uer Servic	e to the		
	Block 2: If your cable system h					service that are	different fr	om those		
	printed in block 1 (for example, ti	•								
	with the number of subscribers a	nd rates, in the	e right-h	and block. A tw	o- or three	e-word descripti	on of the s	ervice is		
	sufficient.				1					
	BLC	DCK 1 NO. OF	-				BLOCK			
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:	002001112	2.10		0,111			CODOCINDENC		
	Service to first set		117	21.95						
	Service to additional set(s)			21.50						
	• FM radio (if separate rate)									
	Motel, hotel			21.95						
	,		20							
	Commercial		20	21.95						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SECO In General: Space F calls for rate					l vour cable syst	om's servi	ces that were		
F			,		•	• •				
	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									
Services	furnished at cost or (2) services of									
Other Than	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 ransmissions:	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.									
Rates	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.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SERV	VICE	RATE	CATEG	ORY OF SERVICE	RATI	
	Continuing Services:		Install	ation: Non-resi	idential					
	• Pay cable	21.95	• Mo	tel, hotel						
	Pay cable—add'l channel	66.50	• Co	mmercial						
	Fire protection		• Pa	y cable						
	• File protection			, y cable-add'l ch	annel	[]				
	•Burglar protection					[
	•		• Fire	e protection		1				
	•Burglar protection	15.00		•						
	•Burglar protection Installation: Residential • First set	15.00	• Bu	rglar protection						
	•Burglar protection Installation: Residential • First set • Additional set(s)	15.00 5.00	• Bu Other	rglar protection services:		30.00				
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	5.00	• Bu Other • Re	rglar protection services: connect		30.00				
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Bui Other • Re • Dis	rglar protection services: connect connect						
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	5.00	• Bu Other • Re • Dis • Ou	rglar protection services: connect		30.00 49.99				

Name	LEGAL NAME OF OWNE	R OF CABLE SYSTEM	1:	S	SYSTEM ID				
Humo	Eagle Communica	tions Inc.			2104				
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	 carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stati basis under specifc FCC r Do not list the station her station was carried only List the station here, and basis. For further inform Column 1: List each st Column 2: Give the nu This may be different from associated with a station at the same on the form. Column 3: Indicate in educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the loce 	em during the accour in effect on June 24 (e)(2) and (4), or 76.6 as explained in the n ons: With respect to ules, regulations, or a e in space G—but de or on a substitute basis also in space I, if the nation concerning su ation's call sign. Do r mber of the channel the channel on whic ccording to its over-t each case whether the ering the letter "N" (fi), "E" (for noncomme erms, see page (iv) of cation of each station	nting period, excep , 1981, permitting to 33 (referring to 76.6 ext paragraph. any distant station authorizations: b list it in space I (t s. e station was carrie bstitute basis station not report origination on which the station h your cab;e syste hje-air designation e station is a networ or network), "N-M" rcial educational), of the general instri . For U.S. stations	translator stations and low power television stations) t (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 as carried by your cable system on a substitute program the Special Statement and Program Log)—if the ad both on a substitute basis and also on some other ons, see page (v) of the general instructions. In program services such as HBO, ESPN, etc. In's broadcasts are carried in its own community. Im carried the station. Identify each multicast stream . For example, report multicast stream "WETA-2" as ork station, an independent station, or a noncommercial (for network multicast), "I" (for independent), "I-M" or "E-M" (for noncommercial educational multicast). uctions. . list the community to which the station is licensed by th he community with which the station is identifed.	e				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION					
	KMTW-MyTV	35	I	Wichita KS					
	KAKE	10	N	Wichita KS					
	KAKE-MeTV	10.2	I-M	Wichita KS					
	KSCW	12	N	Wichita KS					
	KSAS	26	N	Wichita KS					
	KWGN	34	I	Denver CO					
	КЖСН	12	N	Wichita KS					
	KWKS	19	E	Colby KS					
	KSNK	45	N	Wichita KS					

ACCOUNTING PERIOD: 2020/1

FORM SA1-2. F LEGAL NAME OF Eagle Comm	OWNER OF (/STEM:					SYSTEM ID# 21048	Name
								21040	
PRIMARY TRA		-	rried on a separate and discre	ete	e basis and list t	hose FM stati	ons carr	ied on an	н
ll-band basis w	/hose signals	were "ge	nerally receivable" by your ca	abl	e system during	the accountir	ng perio	d.	
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.									Primary Transmitters Radio
Column 1: Id	lentify the call	sign of e	copyright Office regulations of each station carried. n is AM or FM.	on	this point, see p	bage (v) of the	e genera		
			al was electronically process	sed	l by the cable sy	rstem as a sep	parate a	nd discrete	
Column 4: G	ive the statior	n's locatio	mark in the "S/D" column. on (the community to which th				C or, in tl	ne case of	
lexican of Can	adian stations	s, if any, t	he community with which the	e si	tation is identifie	d).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Π	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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FORM SA1-2. PAGE 5

									-	I SA I-Z. FAGE J.			
Name	LEGAL NAME OF OWNER OF C Eagle Communications		EM:							SYSTEM ID# 21048			
l Subatituta	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac	fy every nor counting pe	nnetwork televis riod, under spe	<i>ion program</i> broadcast by a cific present and former FC	a dist C rul	les, regulat	tions, or au						
Substitute Carriage:	 explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 												
Special													
Statement and			r cable system	carry, on a substitute bas	sis, ai	ny nonnet	work telev			V.N.			
Program Log	broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program												
		, leave the	rest of this pag	e blank. If your answer is	res	s," you mu	st complet	e tr	ie program				
	log in block 2.		MS										
	 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried 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." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program w												
						WHEN SUBSTITUTE							
	SUBSTITUTE PROGRAM CARRIAGE OCCURRED												
	S	UBSTITUT	E PROGRAM		\downarrow	CARR				7. REASON			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES	7. REASON FOR DELETION			
				4. STATION'S LOCATION	-		6.						
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				
		2. LIVE?	3. STATION'S		-	. MONTH	6.	TIN	IES				

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc.	SYSTEM ID# 21048	Name
	21040	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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. 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.	ission service	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 \$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 for more information. 	263,800	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 th accounting period is \$52.00	is six-month	
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		
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
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	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 recepits (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		
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page general instructions for more information.	e I of the	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Eagle Communications Inc.	21048
	CHANNELS	
м	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast statio	ns
	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	•
	system carried television broadcast stations	9
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	57
	and nonbroadcast services	•
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
	we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Marie Censoplano Telephone 914	-235-8313
Information		
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations	
0	as explained in the general instructions.)	,
0		
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; o	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or	em as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner in line 1 of space B.	of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of the penalty of law that all statements of law that all statements of law thereby declare under penalty of law	erein
	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)]	
	Handwritten signature: /s/ Daniel J White	
	Turad an arists durante Doniel 1 W/6:40	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 8/27/2020	

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.

FORM SA1-2. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	21048	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 the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclus scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 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 transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	isic de sub- 19."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions.	yment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- 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)	- arge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	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, p list below the owner, address, first community served, ID number, and accounting period as given in the original f		
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 inform	nation (PII) requested	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 sufficiency of the filing, a determination that would be made by a court of law.