## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

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

### SA1-2 Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

	SHT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/20/2020	\$ ALLOCATION NUMBER
06/20/2020	

Return to: Library of Congress Copyright Office-LD 101 Independence Avenue SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in January 1–June 30 2020						
B Owner	Give corp In	orate title of the subsidiary, not that line 2, list any other names under there were different owners during gle statement of account and roya	at of the parent corporation. which the owner conducts the accounting period, only to lty fee payment covering the	he owner on the last day of the accoun	iting period should submit		
	1	1 LEGAL NAME OF OWNER OF CABLE SYSTEM: Scio Cablevision 6 2399					
	2	BUSINESS NAME(S) OF OWN	ER OF CABLE SYSTEM (IF	DIFFERENT):			
	3	MAILING ADDRESS OF OWNER PO BOX 1100 (Number, street, rural route, apartment, or Scio, OR 97374 (City, town, state, zip)					
С	Inst	ructions: In line 1, give any busin es already appear in space B. In li	ess or trade names used to ne 2, give the mailing addres	identify the business and operation of softhe system, if different from the actions of the system.	of the system unless the ddress given in space B.		
System	1	1 IDENTIFICATION OF CABLE SYSTEM:					
	2	MAILING ADDRESS OF CABLE (Number, street, rural route, apartment, or s (City, town, state, zip)	.,,				
D Area Served	in F( area of sy Note	CC rules: "a separate and distinct s and including single, discrete uni stem identification hereafter know	community or municipal ent incorporated areas)." 47 C.F.I n as the "first community." P	otem. A "community" is the same as a "city (including unincorporated community. 8, \$76.5(dd). The first community that ylease use it as the first community on a so, or mobile home parks should be reported.	ities within unincorporate you list will serve as a for all future filings.		
		CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First ▶ Community	Scio		OR				

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:				
Scio Cablevision				Name
Instructions: List each separate community in FCC rules: "a separate and distinct commareas and including single, discrete unincorp of system identification hereafter known as t	nunity or municipal enti porated areas)." 47 C.F.F	ty (including unincorporated communities R. §76.5(dd). The first community that yo	es within unincorporated u list will serve as a form	D Area
Note: Entities and properties such as hotels, apidentified city.	artments, condominiums	, or mobile home parks should be reported	in parentheses below the	Served
CITY OR TOWN	STATE	CITY OR TOWN	STATE	
				<b>◀</b> First
				Community
15 185 181 183 183 183 184 184 184 184 184 184 184 184				
			***	
			KE - 100 CK   100 CK   100 CK   100 CK	
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

### Scio Cablevision

## E

Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK	< 1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:  • Service to first set	26	\$48.00	Enhanced	254	\$87.00		
· Service to additional set(s)			Extended	87	\$99.00		
·FM radio (if separate rate)							
Motel, hotel	*****						
Commercial							
Converter							
<ul> <li>Residential</li> </ul>	******						
<ul> <li>Nonresidential</li> </ul>							

## F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1			BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential					
<ul> <li>Pay cable</li> </ul>		Motel, hotel					
<ul> <li>Pay cable-add'l channel</li> </ul>		Commercial					
<ul> <li>Fire protection</li> </ul>		Pay cable					
<ul> <li>Burglar protection</li> </ul>		· Pay cable-add'l channel					
Installation: Residential		Fire protection					
<ul> <li>First set</li> </ul>		Burglar protection					
<ul> <li>Additional set(s)</li> </ul>		Other Services:					
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect					
<ul> <li>Converter</li> </ul>		Disconnect					
		Outlet relocation		<b></b>			
		<ul> <li>Move to new address</li> </ul>					

### Name

### PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement Program Log)—if the station
  was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (y) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KATU	02	N	Portland, Oregon
KOIN	06	N	Portland, Oregon
KGW	08	N	Portland, Oregon
KOBP	10	N	Portland, Oregon
KRCW	11	N	Portland, Oregon
KPTV	12	N	Portland, Oregon
KPDX	13	N	Portland, Oregon
		-	

G

Primary Transmitters: Television

								FORM SA1-2. PAGE 4		
Name	Scio Cable		SYSTEM	Л:						
н	In General:	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.								
Primary Transmitters: Radio	Special Instruction receivable if ( the basis of note detailed information of the column 1 Column 2 Column 3 signal, indication of the column 4	ructions Con (1) it is carried monitoring, to rmation abou : Identify the the State wheth It If the radio ate this by pla the Give the sta	ncernid by the before the transfer the transfer the station acing a ation's	ing All-Band FM Carriage: e system whenever it is received at the headend, with the Copyright Office regulat gn of each station carried. e station is AM or FM. n's signal was electronically a check mark in the "S/D" of location (the community to if any, the community with the	Under Copyrigheived at the system's FN ions on this point processed by column.	nt Office reguler's header of antenna, dont, see page the cable sy	ulation nd; and uring ( iv) of stem	is, an FM signal is generally d (2) it can be expected, on certain stated intervals. For f the general instructions.  as a separate and discrete		
	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.								
LEGAL NAME OF OWNER OF CABLE SYS Scio Cablevision	TEM:						Name	
SUBSTITUTE CARRIAGI In General: In space I, ident system carried on a substitut tions, or authorizations. For a the general instructions.	tify every not e basis durin	nnetwork telev	rision program, broadca	ast by a dis	nd former FCC ru	les, regula-	Substitute Carriage:	
<ol> <li>SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> <li>Yes ■ No</li> <li>Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.</li> </ol>								
2. LOG OF SUBSTITUTE PEIN General: List each substit clear. If you need more space Column 1: Give the title operiod, was broadcast by a diunder certain FCC rules, regulation of the certain FCC rules and Column 2: If the program Column 3: Give the call significant of the case of Mexican or Canama Column 5: Give the month first. Example: for May 7, given Column 6: State the times to the nearest five minutes. Example: for May 7, given Column 7: Enter the letter to delete under FCC rules and was substituted for programm on October 19, 1976.	tute programe, please atta f every nonn stant station ulations, or a se like "movie Bulls." was broadca gn of the sta least station dian stations and day whe e "5/7." when the su xample: a pro-	ach additional letwork televisicand that your cauthorizations. es" or "basketh ast live, enter "tion broadcast is location (the s, if any, the coen your system ubstitute program carried ted program win effect during	pages. on program ("substitute cable system substituted See page (v) of the gen ball." List specific programs." Otherwise, entering the substitute programmunity to which the manual with which the carried the substitute am was carried by your by a system from 6:01:1 as substituted for programs on programs.	e program" d for the program titles, for "No." am titles, for "No." am. the station is program. U cable system to 6 camming the center the literature of the program of the center the literature of the program of the center the literature of the program of the program of the center the literature of the program of the pr	that, during the ogramming of anostions for further in or example, "I Low selicensed by the identified), are numerals, with the times 128:30 p.m. shoul at your system wetter "P" if the lister	accounting ther station information. It we Lucy" or a securately dispersion of the month of accurately dispersion of the stated as required and program		
SI	JBSTITUTE	PROGRAM			I SUBSTITUTE GE OCCURRED	7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION		
					<del></del>			
	10				.=			
					-			
						•		
				I				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Scio Cablevision			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation page (vi) 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.	ystem's secon	dary transmis compute this a \$ 314,162	sion service amount, see
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions for more information.			\$263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee	that you must p	pay for this six-	month
	accounting period is \$52.00 Line 1. Royalty fee for accounting period		\$ 52	2.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		\$	
	Line 3. Filing Fee			5.00
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.			
	Add lines 1, 2 and 3		\$	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	ore than \$137,10	30)	
	1. Base amount under statutory formula · · · · · · · · · · · · · · · · · · ·	\$263,80	0	
	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. Filing Fee			0.00
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.			
	Add lines 7, 8 and 9		\$	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but I	ess than \$527,6	500)	
	Enter the amount of gross receipts from space K	314,162.00		
	Base amount under statutory formula	\$ 263,80	0	
	3. Subtract line 2 from line 1	\$50,362.00		
			\$503.62	
	4. Multiply line 3 by .01.			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		1,319	
	6. Interest Charge. Enter the amount from line 4, space Q, page 8			
	7. Filing Fee.	<b>\$</b>	20.00	
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.  Add lines 4, 5, 6 and 7		\$	1,842.62
	IMPORTANT: Your remittance must be in the form of an electronic payment payable to general instructions for more information	Register of Co	opvrights See	nage i of the

LEGAL NAME OF OWNER OF CABLE SYSTEM: Scio Cablevision	Name
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 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 and nonbroadcast services.	M Channels
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)  Name	N Individual to Be Contacted for Further Information
(City. town, state, zip)  Email (optional) Fax (optional)	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)  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 identified 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 system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system 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 herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [See 18 U.S.C. sec.1001]  Handwritten signature:  Take CEO/General Manager  (ritle of official position held in corporation or partnership)  Date: 8-17-2020	Certification

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:
Name	Scio Cablevision
P Special Statement Concerning Gross Receipts Exclusions	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 (vi) 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?  NO  YES. Enter the total here and list the satellite carrier(s) below
	Name Mailing address Mailing address Mailing address
Q Interest Assessment	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 (vi) of the general instructions.
	Line 1. Enter the amount of late payment or underpayment
	Line 3. Multiply line 2 by the number of days late and enter the sum here
	Line 4, Multiply line 3 by .00274** and enter here and in space L (page 6) block 1, line 2, or block 2, line 8, or block 3, line 6
	* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@copyright.gov">licensing@copyright.gov</a> .
	**This is the decimal equivalent of 1/365, which is the interest assessment for one day late.
	<b>Note:</b> If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.
	Owner
	Address
	ID number First community served
	Accounting period

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Scio Cablevision, Inc. SA-1 Short Form Supporting Detail

Gross Receipts:	Jan-June 2019	Total <b>2019</b>	July-Dec 2019	_A/R
Revenue Jan1 - June 30, 2020	314,712.00	-	(314,712.00)	
Subtract Misc Revenues	(3,182.00)	-	3,182.00	
Add: Customer A/R 12/31/19	3,677.06		1,044.89	@ 6/30/2020
Subtract: Customer A/R 6/30/20	(1,044.89)			@ Year End
Total Gross Receipts	314,162.17	-	(310,485.11)	

### UNITED STATES COPYRIGHT OFFICE



# RA-1 Electronic Funds Transfer Remittance Advice for Cable/Satellite

**Reset Form** 

**Email Form** 

Complete and email this form to licfiscal@copyright.gov or fax to (202) 707-0905 and attach a copy to the Statement(s) of Account. NOTE: For prior and current accounting periods, the appropriate interest fee(s) if applicable, must be added to the royalty fees. Interest rate information is available at http://www.copyright.gov/licensing/interest-rate.pdf.

Remitter's (company) name Scio Cablevision				
Contact person Leshia Stavang				
Telephone number 503.394.3368	Email leshia.stavang@smta.coop			
Date of EFT (actual or anticipated) 08-20-2020	Type of EFT FedWire X ACH			
Type of royalty payment 💌 Cable 🔲 Satellite	Type of SOA Paper Selectronic (Cable only)  NOTE: Check both boxes if filing paper and electronic.  Indicate electronic (E) filing with ID # (ex. 12345E).			
Total amount of EFT \$ 1,842.62				
Legal name (See space B of Statement of Account)				

YEAR	PERIOD	ID # (AND ENTER E IF APPLICABLE)	FIRST COMMUNITY SERVED (CITY & STATE)	FILING FEES	ROYALTY FEES	INTEREST FEES	TOTAL FEES
2020	2	62399	Scio	\$ 20.00	\$ 1,822.62		\$ 1,842.62
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
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							\$ 0.00

YEAR	PERIOD	ID # (AND ENTER E IF APPLICABLE)	FIRST COMMUNITY SERVED (CITY & STATE)	FILING FEES	ROYALTY FEES	INTEREST FEES	TOTAL FEES
)							\$ 0.00
o .							\$ 0.00
1							\$ 0.00
2							\$ 0.00
3							\$ 0.00
4							\$ 0.00
5							\$ 0.00
5							\$ 0.00
7							\$ 0.00
3							\$ 0.00
9							\$ 0.00
							\$ 0.00
1							\$ 0.00
							\$ 0.00
3							\$ 0.00
1							\$ 0.00
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1							\$ 0.00
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3							\$ 0.00
4							\$ 0.00
5							\$ 0.00
5							\$ 0.00
7							\$ 0.00
8							\$ 0.00
9			,				\$ 0.00
5							\$ 0.00

FILING FEES \$ 20.00

ROYALTY FEES \$ 1,822.62

INTEREST FEES \$ 0.00

TOTAL FEES \$ 1,842.62

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