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 3/24/2023 end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions

B Owner	incorrect information and print or type Give the full legal name of the ow rate title of the subsidiary, not that of I List any other name or names un If there were different owners du a single statement of account and roy	blished under the information given below. If t the correct information beside it. vner of the cable system. If the owner is a sub	there are any changes, draw a line through the bodicary of another corporation, give the full corpo-					
B Owner	incorrect information and print or type Give the full legal name of the ow rate title of the subsidiary, not that of I List any other name or names un If there were different owners du a single statement of account and roy	the correct information beside it. wher of the cable system. If the owner is a sub the parent corporation.						
-	Check here if this is the syster		the last day of the accounting period should submit ing period.					
	LEGAL NAME OF OWNER/MAILIN							
	Eagle Communications	S INC.						
			*2	81082020				
				28108 2020				
	PO Box 817							
	Hays KS 67601							
	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.							
System	1		- - - . .					
ļ	•							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communites 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. 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				
First Community	Milford	KS						
		•••••••						

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2020/2

Name	LEGAL NAME OF OWNER OF CABLE SY	STEM:		SYSTEM I 281				
Name	Eagle Communications Inc.							
	CITY OR TOWN	STATE	CITY OR TOW	N STATE				
_								
D								
ontinued)								
Area								
Served								

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	Eagle Communications Inc.											
Е	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRIBERS AND R	ATES								
E	In General: The information in s	•	Ũ		•							
0	system, that is, the retransmission											
Secondary Transmission	about other services (including p last day of the accounting period					those exis	sting on the					
Service: Sub-	,	•			,	ıble syster	n, 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 n	•	0,1		•	0	s charged					
	separately for the particular serv Rate: Give the standard rate c						rao and the					
	unit in which it is generally billed	-					-					
	category, but do not include disc											
	Block 1: In the left-hand block				condary transmi	ssion serv	vice that cable					
	systems most commonly provide											
	that applies to your system. Not		-		-							
	categories, that person or entity subscriber who pays extra for ca				• •	•						
						luer Serv						
	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 a	and rates, in the	e right-hand block. A t	wo- or thre	e-word descript	tion of the	service is					
	sufficient.						K 0					
	BLC	DCK 1 NO. OF				BLOC	NO. OF					
	CATEGORY OF SERVICE	SUBSCRIBE	RS RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE				
	Residential:											
	 Service to first set 											
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel		21.95									
	Commercial		21.95									
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		NSMISSIONS: RATE	s								
F	SERVICES OTHER THAN SEC In General: Space F calls for rate				all your cable sy	stem's se	vices that were					
F	In General: Space F calls for ratinot covered in space E, that is, t	te (not subscrib hose services t	er) information with rethat are not offered in	espect to a combinati	on with any sec	ondary tra	Insmission					
-	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There are	te (not subscrib hose services t re two exceptior	er) information with rether are not offered in the tare not offered in the tare to the target the target target to the target ta	espect to a combinati o give rate	on with any sec information cor	ondary tra cerning (*	nsmission 1) services					
Services	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services	te (not subscrib hose services t re two exceptior or facilities furn	er) information with r that are not offered in ns: you do not need t ished to nonsubscrib	espect to a combinati o give rate ers. Rate i	on with any sec information cor nformation shou	ondary tra cerning ([,] uld include	nsmission 1) services e both the					
-	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There are	te (not subscrib hose services t re two exceptior or facilities furn hit in which it is	er) information with r that are not offered in ns: you do not need t ished to nonsubscrib	espect to a combinati o give rate ers. Rate i	on with any sec information cor nformation shou	ondary tra cerning ([,] uld include	nsmission 1) services e both the					
Services Other Than Secondary	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat	te (not subscrib those services t re two exceptior or facilities furn hit in which it is rate column. te charged by th	er) information with r that are not offered in ns: you do not need t ished to nonsubscrib usually billed. If any r ne cable system for e	espect to a combinati o give rate ers. Rate i ates are cl ach of the	on with any sec information cor nformation shou harged on a var applicable serv	ondary tra ncerning (uld include iable per-j ices listed	nsmission 1) services 9 both the program basis,					
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Name	LEGAL NAME OF C	OWNER OF CABLE SYSTE	EM:	SYS	STEM ID 2810				
Name	Eagle Communications Inc.								
	PRIMARY TRANSMITTERS: TELEVISION								
G	carried by your cable	e system during the acco	ounting period, exc	ing translator stations and low power television stations) ept (1) stations carried only on a part-time basis under					
rimary	Ů			g the carriage of certain network programs [sections 6.61(e)(2) and (4))]; and (2) certain stations carried on a					
Transmitters: Television	substitute program b Substitute Basis	asis, as explained in the Stations: With respect	e next paragraph. to any distant stati	ions carried by your cable system on a substitute program					
		FCC rules, regulations, o		(the Created Statement and Dreaman Law) if the					
	station was carrie	d only on a substitute ba	asis.	I (the Special Statement and Program Log)—if the rried both on a substitute basis and also on some other					
	basis. For further	information concerning	substitute basis sta	ations, see page (v) of the general instructions.					
				ation program services such as HBO, ESPN, etc.					
				tion's broadcasts are carried in its own community. tem carried the station. Identify each multicast stream					
				on. For example, report multicast stream "WETA-2" as					
	the same on the form	n.	, ,						
				twork station, an independent station, or a noncommercial					
				 //" (for network multicast), "I" (for independent), "I-M"), or "E-M" (for noncommercial educational multicast). 					
	· ·	hese terms, see page (iv		, , , , , , , , , , , , , , , , , , , ,					
				ns, list the community to which the station is licensed by the					
	FCC. For Mexican or	r Canadian stations, if ar	ny, give the name o	of the community with which the station is identifed.					
	1 0 1 1	A D'CACT							
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION					
	1. CALL SIGN	CHANNEL	OF	6. LOCATION OF STATION					
		-	-	6. LOCATION OF STATION					
	SIGN	CHANNEL NUMBER	OF STATION						
	sign KTMJ	CHANNEL NUMBER 43	OF STATION	Topeka KS					
	sign KTMJ KSNT	CHANNEL NUMBER 43 27	OF STATION I-M N	Topeka KS Topeka KS					
	SIGN KTMJ KSNT KTKA	CHANNEL NUMBER 43 27 49	OF STATION I-M N	Topeka KS Topeka KS Topeka KS					
	SIGN KTMJ KSNT KTKA KTWU	CHANNEL NUMBER 43 27 49 11	OF STATION I-M N N E	Topeka KS Topeka KS Topeka KS Topeka KS					
	SIGN KTMJ KSNT KTKA KTWU KTKA	CHANNEL NUMBER 43 27 49 11 5	OF STATION I-M N N E N	Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS					
	SIGN KTMJ KSNT KTKA KTWU KTKA WIBW	CHANNEL NUMBER 43 27 49 11 5 5 13	OF STATION I-M N E N N N	Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS					
	SIGN KTMJ KSNT KTKA KTWU KTKA WIBW	CHANNEL NUMBER 43 27 49 11 5 5 13	OF STATION I-M N E N N N	Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS					
	SIGN KTMJ KSNT KTKA KTWU KTKA WIBW	CHANNEL NUMBER 43 27 49 11 5 5 13	OF STATION I-M N E N N N	Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS					
	SIGN KTMJ KSNT KTKA KTWU KTKA WIBW	CHANNEL NUMBER 43 27 49 11 5 5 13	OF STATION I-M N E N N N	Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS					
	SIGN KTMJ KSNT KTKA KTWU KTKA WIBW	CHANNEL NUMBER 43 27 49 11 5 5 13	OF STATION I-M N E N N N	Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS					
	SIGN KTMJ KSNT KTKA KTWU KTKA WIBW	CHANNEL NUMBER 43 27 49 11 5 5 13	OF STATION I-M N E N N N	Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS					
	SIGN KTMJ KSNT KTKA KTWU KTKA WIBW	CHANNEL NUMBER 43 27 49 11 5 5 13	OF STATION I-M N E N N N	Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS					
	SIGN KTMJ KSNT KTKA KTWU KTKA WIBW	CHANNEL NUMBER 43 27 49 11 5 5 13	OF STATION I-M N E N N N	Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS					
	SIGN KTMJ KSNT KTKA KTWU KTKA WIBW	CHANNEL NUMBER 43 27 49 11 5 5 13	OF STATION I-M N E N N N	Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS					
	SIGN KTMJ KSNT KTKA KTWU KTKA WIBW	CHANNEL NUMBER 43 27 49 11 5 5 13	OF STATION I-M N E N N N	Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS					
	SIGN KTMJ KSNT KTKA KTWU KTKA WIBW	CHANNEL NUMBER 43 27 49 11 5 5 13	OF STATION I-M N E N N N	Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS					
	SIGN KTMJ KSNT KTKA KTWU KTKA WIBW	CHANNEL NUMBER 43 27 49 11 5 5 13	OF STATION I-M N E N N N	Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS Topeka KS					

ACCOUNTING PERIOD: 2020/2

FORM SA1-2. F LEGAL NAME OF	OWNER OF (YSTEM:				SYSTEM ID#	Name
Eagle Comm	iunications	5 IIIC.					28108	
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
ecceivable if (1) n the basis of i or detailed info Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recei t the the sign of e he statio ion's sign g a check h's locatio	H-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations of each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which th	the system's heasystem's heasystem's FM anter system's FM anter on this point, see ed by the cable system e station is licens	adend, and (2 nna, during ce page (v) of the ystem as a se red by the FCC) it can b ertain sta e genera parate a	be expected, ated intervals. al instructions. nd discrete	Primary Transmitters Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
		I	L	L	L	L	II	

			1		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S Eagle Communications Inc. S						SYSTEM ID# 28108				
					•						
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
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 pro							⊠No			
	log in block 2.	, leave the			res, you m	ust complete ti	ie program	1			
	2. LOG OF SUBSTITUTE			to line. Lice abbroviations	whorever pe	ssible, if their m	noning is				
	n 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 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in he 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 irst. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately o 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 o delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required or delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required or delete under FCC rules and regulations in effect during the accounting period; enter th										
	S	UBSTITUT	E PROGRAM			IBSTITUTE CA	ARRIAGE	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. TIM FROM —	ES TO	FOR DELETION			
						<u></u>					
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FORM SA1-2. PAGE 6.		
	TEM ID#	Name
Eagle Communications Inc.	28108	Name
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.	51.10 eccipts)	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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		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	<u>52.00</u>	
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 \$137,100)		
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)		
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 \$ 263,800.00		
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 I of the general instructions for more information.		

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Eagle Communications Inc.	28108
	CHANNELS	
М		tiona
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state to the subservices and (2) the cable system's total number of activated channels, during the capacity and (2) the cable system's total number of activated channels.	lions
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
onanneis	1. Enter the total number of channels on which the cable	_
	system carried television broadcast stations	7
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	40
	and nonbroadcast services	40
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 91	4-235-8313
Information		4 200 0010
	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	
	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 regulation	ons,
0	as explained in the general instructions.)	
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	stem 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 identifed as owned	
	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	herein
	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	
	E STATISTICS Deside 1 Million	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 2/26/2021	
	I	

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 sufficiency 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:	t Name
Eagle Communications Inc. 28108	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning
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?	Gross Receipts Exclusion
XNO	
YES. Enter the total here and list the satellite carrier(s) below	-
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	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	-
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)	
(interest charge)	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** 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, 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	
Drivenu Act Nation: Section 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (DII) requested	

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 sufficiency of the fling, a determination that would be made by a court of law.