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

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 3/30/22 General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 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. 004181 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 Northland Cable Television Corp (OAKHURST) 004181 2020/2 101 Stewart St. Ste 700 Seattle, WA 98101 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 NORTHLAND CABLE TELEVISION MAILING ADDRESS OF CABLE SYSTEM: 40108 HIGHWAY 49, SUITE A 2 (Number, street, rural route, apartment, or suite OAKHURST, CA 93644 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 OAKHURST CA First Community AHWANEE CA **BASS LAKE** CA **CEDAR VALLEY** CA 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

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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: 2020/2

ame	LEGAL NAME OF OWNER OF CABLE SYS			SYSTEM I
	Northland Cable Television Co	rp (OAKHURST)		0041
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
d)				
_				

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	STEM ID
Name	Northland Cable Televis	ion Corp (OAKH	URST)					00418
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in sp			0		•			
	system, that is, the retransmission								
Secondary	about other services (including p		-				hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ole system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the nu							charged	
	separately for the particular servi							ic and the	
	Rate: Give the standard rate cl unit in which it is generally billed.	-	-	•					
	category, but do not include disc	· · ·	,		ily otarida				
	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 cal						•		
	first set" and would be counted o								
	Block 2: If your cable system h	-							
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	no rates, in the	e ngnt-n	and DIOCK. A IM	vo- or three	e-word descripti	on or the s	ervice is	
		DCK 1					BLOC	٢2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		626	39.99					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		74	39.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemice						
-	In General: Space F calls for rate					l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, th	nose services	hat are	not offered in a	combinatio	on with any seco	ndary tran	smission	
•	service for a single fee. There are								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually	billed. If arry ra		arged on a valia	able hei-hi	ografii basis,	
ransmissions:	Block 1: Give the standard rate	e charged by t				••			
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	25 50		ation: Non-res	idential				
	Pay cable Add'l shannel	25.50		tel, hotel					
	Pay cable—add'l channel Fire protection	16.00		nmercial					
	Fire protection		-	/ cable / cable add'l ch	annel	·····			
	•Burglar protection		-	/ cable-add'l ch	anner				
				e protection		·····			
	Installation: Residential	E0.00		alor prote -4:-					
	• First set	50.00		glar protection					
	• First set • Additional set(s)	50.00 20.00	Other s	services:		75 00			
	• First set • Additional set(s) • FM radio (if separate rate)		Other : • Red	services:		75.00			
	• First set • Additional set(s)		Other s • Rec • Dis	services: connect connect					
	• First set • Additional set(s) • FM radio (if separate rate)		Other s • Rec • Dis • Out	services:		75.00 45.00 45.00			

Namo		LEG	AL NAME OF OWNE	R OF CABLE SYSTE	EM: SYSTEM ID#		
Name		No	rthland Cable T	elevision Corp	(OAKHURST) 004181		
	PRIMARY TRANSMITTERS: TELEVISIO	N					
~	In General: In space G, identify ever	y televi	ision station (includi	ing translator statio	ns and low power television stations)		
G	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 o						
Primary ransmitters:	substitute program basis, as explained			6.61(e)(2) and (4))]	; and (2) certain stations carried on a		
Television				ons: With respect t	to any distant stations carried by your cable system on a substitute pro		
	basis under specifc FCC rules, regula						
	Do not list the station here in space			· · ·	0 0,		
	• List the station here, and also in spa		ion was carried only the station was car				
					substitute basis stations, see page (v) of the general instructions.		
				•	o not report origination program services such as HBO, ESPN, etc.		
	This may be different from the shapp				el on which the station's broadcasts are carried in its own community.		
	This may be different from the chann associated with a station according to				•		
	the same on the form.						
					the station is a network station, an independent station, or a noncomr		
	educational station, by entering the le (for independent multicast), "E" (for n						
	For the meaning of these terms, see				icommercial educational multicast).		
	i of the meaning of these terms, see				on. For U.S. stations, list the community to which the station is license		
	FCC. For Mexican or Canadian static	ons, if a	any, give the name	of the community w	ith which the station is identifed.		
	1. CALL		2. B'CAST	3. TYPE	6. LOCATION OF STATION		
	SIGN		CHANNEL	OF			
		·	NUMBER	STATION			
	KFRE - Charge!	KF	36	I	FRESNO, CA		
	KFRE - CW	KF	36.1	I-M	FRESNO, CA		
	KFRE - CW HD	KF	36.2	I-M	FRESNO, CA		
	KFRE - TBD	KF	36.3	I-M	FRESNO, CA		
	KFSN - (In DMA)	KF	30	N	FRESNO, CA		
	KMPH - Comet	KN	28	I-M	VISALIA-FRESNO, CA		
	KMPH - DABL TV	KN	28.1	I-M	VISALIA-FRESNO, CA		
	KMPH - FOX	KN	28.2	I-M	VISALIA-FRESNO, CA		
	KMPH - FOX HD	KN	28.3	I-M	VISALIA-FRESNO, CA		
	KMPH - Stadium	KN	28.4	I-M	VISALIA-FRESNO, CA		
	KNSO - (Retrans)	KN	51		MERCED, CA		
	KSEE-NBC	KS	38	I	FRESNO, CA		
	KGPE-CBS KVPT-PBS	KG	<u>34</u> 40	N	FRESNO, CA FRESNO, CA		
	KAIL-MNT	KA	<u>40</u> 7	E I-M	FRESNO, CA		
	KNSO-Telemundo HD	KN	<u> </u>	I-M	MERCED, CA		
	KFSN-ABC HD	KF	3.1	N-M	FRESNO, CA		
	KSEE-NBC HD	KS	38.2	I-M	FRESNO, CA		
	KGPE-CBS HD	KG	34.1	N-M	FRESNO, CA		
	KVPT-PBS HD	K۷	40.1	E-M	FRESNO, CA		
	KAIL Light TV .2	KA	7.2	I-M	FRESNO, CA		
	KAIL-MyNetwork HDTV	KA	7.3	I-M	FRESNO, CA		
	KFSN-Live Well .2	KF	30.2	N-M	FRESNO, CA		
	KGPE-Court TV Mystery .2	KG	34.2	N-M	FRESNO, CA		

Nom	u	EGAL NAME OF OWNE	R OF CABLE SYST	TEM: SYSTEM I
Name	N	lorthland Cable T	elevision Corp	0041 (OAKHURST)
	PRIMARY TRANSMITTERS: TELEVISION			
G	In General: In space G, identify every tell carried by your cable system during the a FCC rules and regulations in effect on Ju	ccounting period, exc	ept (1) stations car	rried only on a part-time basis under
Primary ransmitters:	76.59(d)(2) and (4), 76.61(e)(2) and (4), c substitute program basis, as explained in	or 76.63 (referring to 7 the next paragraph.	6.61(e)(2) and (4)))]; and (2) certain stations carried on a
Television	basis under specifc FCC rules, regulation	s, or authorizations:	·	t to any distant stations carried by your cable system on a substitute
	Do not list the station here in space G— station here in space G—	but do list it in space ation was carried only	· ·	o o ,
	List the station here, and also in space I			
				substitute basis stations, see page (v) of the general instructions.
			•	to not report origination program services such as HBO, ESPN, etc.
	This may be different from the channel or			nel on which the station's broadcasts are carried in its own communi ation. Identify each multicast stream
	associated with a station according to its			
	the same on the form.	alumn C. J. K.		
	C educational station, by entering the letter			r the station is a network station, an independent station, or a nonco ulticast) "I" (for independent) "I-M"
	(for independent multicast), "E" (for nonco			
	For the meaning of these terms, see page	e (iv) of the general in	structions.	
				ion. For U.S. stations, list the community to which the station is lice
	FCC. For Mexican or Canadian stations,	if any, give the name	of the community v	with which the station is identified.
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION
	SIGN	CHANNEL	OF	
		NUMBER	STATION	
	KVPT-PBS Kids .2	40.2	E-M	FRESNO, CA
	KVPT-Create .3	40.3	E-M	FRESNO, CA
	KVPT-World .4	40.4	E-M	FRESNO, CA
	KAIL-Heroes & Icons .3	7.3	I-M	FRESNO, CA
	KSEE-LaTV .3	38.3 51.2	I-M I-M	FRESNO, CA
	KNSO-TeleXitos .2 KNSO-lon .3	51.2	I-M	MERCED, CA MERCED, CA
	KFSN-Laugh .3	30.3	N-M	FRESNO, CA
	KMPH - FOX VOD	28	14-141	VISALIA-FRESNO, CA
	KNSO -DT3 Cozi (Retrans)	51.4	I-M	MERCED, CA
			1-141	
			ļ	
			1	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Northland Cable Television Corp (OAKHURST)

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.

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D
					<u> </u>	
					<u> </u>	
					<u> </u>	
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					<u>+</u>	
					+	
					+	
					+	
					1	

ACCOUNTING PERIOD: 2020/2

SYSTEM ID# 004181	Name
	н
	••
	Primary
	Transmitters: Radio
	Radio
LOCATION OF STATION	
LOOATION OF STATION	
· · · · · · · · · · · · · · · · · · ·	

							FORM	/I SA1-2. PAGE 5.			
	LEGAL NAME OF OWNER OF O	ABLE SYST	EM:				;	SYSTEM ID#			
Name	Northland Cable Televi	sion Cor	p (OAKHUR	RST)				004181			
I	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac	y every nor counting pe	network televis riod, under spec	<i>ion program</i> broadcast by a cific present and former FC	a distant statio C rules, regula	ations, or auth					
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions.										
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station? Yes XNo										
Program Log	Note: If your answer is "No"		rest of this nad	e blank. If your answer is	"Ves " vou mi	ist complete					
	log in block 2.	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	the program				
	2. LOG OF SUBSTITUTE	PROGRA	MS								
	In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a d under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. If Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Cana Column 5: Give the mont first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a gram was substituted for pro-	ce, please a of every not distant stati gulations, o es like "mo Bulls." o was broad sign of the s dcast statio th and day e "5/7." s when the Example: a er "R" if the nd regulatio	attach additiona nnetwork televi on and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th ins, if any, the c when your syst substitute prog program carrie listed program ons in effect du	al pages. ision program (substitute p ur cable system substitute s. See page (v) of the gen tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	brogram) that, d for the prog eral instructio n titles, for ex No." um. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 amming that y l; enter the left	during the a ramming of a ns for further ample, "I Lov nsed by the f httfied). numerals, w List the time 28:30 p.m. sho our system w ter "P" if the l	ccounting another static information. re Lucy" or FCC or, in with the month as accurately ould be was required listed pro				
					Wн	EN SUBSTI					
	S	UBSTITUT	E PROGRAM	1		RIAGE OCCL		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. T FROM -	IMES – TO	FOR DELETION			
		100 01 110									
							-				
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FORM SA1-2. PAGE 6.	<u>.</u>	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Television Corp (OAKHURST)	004181	
	ce	K Gross Receipts
 COPTRIGHT ROTALIT FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information. 		L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	n	
Line 1. Royalty fee for accounting period		
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 \$137,100)		
2. Enter amount of gross receipts from space K \$ 149,086.22		
3. Subtract line 2 from line 1		
4. Enter the amount of gross receipts from space K \$ 149,086.22	<u>-</u>	
5. Enter the amount from line 3	<u> </u>	
6. Subtract line 5 from line 4	<u> </u>	
7. Multiply line 6 by .005 (enter figure here)	171.86	
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	171.86	
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	<u> </u>	
6. Interest charge. Enter the amount from line 4, space Q, page 8	<u> </u>	
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.		

ACCOUNTING PERIOD: 2020/2

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Northland Cable Television Corp (OAKHURST)	00418
	CHANNELS	
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat	ions
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	1. Enter the total number of channels on which the cable	35
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	129
	and nonbroadcast services	129
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
Individual to	we can write or call about this statement of account.)	
Individual to Be Contacted		
for Further	Name Marie Censoplano Telephone 9'	4-235-8313
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	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.)	ns,
O		
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 identified as owned	er 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.	
	[18 U.S.C., Section 1001(1986)]	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 2/26/2021	

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID	# Name
Northland Cable Television Corp (OAKHURST) 00418	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 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. 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 Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
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 x 0.00274	-
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	- - - -
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) request	ted 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.